CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED. COUN	TY Miconico
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give parest to a) (in Missipace).	Y CITY (If outside corporate imits, write RURAL and OR TOWN	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) Other (Middle) (Type or Print)	ARINS 4. DATE (Month) OF DEATH MORE	(Day) (Year) 1955
Female Cough R RACE 7. SINGLE, MARRIED, WIDO HED DIVORCED, (Sp. 1)	(109 2 7 1404 JU yrs.	hs. Days Hours Min.
done during most of working life, even if retired) 10b. KIND OF BUSINESS OF INDUSTRY	c Whalemelle	13 CHIZEN ON WHAT
William Lonord Jonmon	Jacky Bell Inui	#
th. Was Deceased Ever In U.S. Armed Forces 116. Social Security No. (Yea, no, or unknown) (If year, give war or dates of service)	This seller Johnson Hi	llordo ma.
18. MEDICAL C 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH)	CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Cerebral here	surrhage	12hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	en - arteris sclusios	sys.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		terres (services and services)
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, stress OF office bldg., etc.) NJURY	(CITY OR TOWN) (COUNT	Y) (STATE)
TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m, Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from January	· · · · · · · · · · · · · · · · · · ·	
alive on Manch 24, 1955, and that death occurred at SIGNATURE, Lank Lewis . M. A.	Sign Vim., from the causes and on the date	stated above. DATE SIGNED 3-25-55
28. BURIAL, CREMATION DATE 28/53 NAME OF CEMENT BAMOVAL (Specify) 3/28/53 NAME OF CEMENT	TERY OR CREMATORY LOCATION Tay, town of co	Mongland.
DATE REC'D BY LOCAL REGISTRAN'S SIGNATURE REG. 29-55" Mary W. Nochward	Filler Whaley Still	ANDRESS OLL



BUREAU V. S.

SECEINED

No.

(Year)

19

Hours

12. CITIZEN OF WHAT COUNTRYZ

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY? Yes No No

(State)

55

Reg. Dist.

(Day)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Wicomico Wicomico COUNTY COUNTY MARYLAND OR and give nearest town) CITY (If outside corporate limits write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) TOWN Near Delmar Parsonsburg STREET HOSPITAL OR (If rural, give location) INSTITUTION OR ADDRESS On Highway P.D. STREET ADDRESS (Middle) 3. NAME OF DECEASED: (First) (Last) 4. DATE (Month) MARY ELI.EN BAKER MAR (Type or Print) DEATH 8. DATE OF BIRTH: 6. COLOR OR 7. SINGLE, MARRIED 9. AGE last birthday: | IF UNDER I YEAR | IF UNDER 24 HRS. RACE: WIDOWED, DIVORCED, Months (Specify): Baby July 1. 1954 Female yrs. 10s. USUAL OCCUPATION (Give kind of | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): work done during most of work life, INDUSTRY: Ocean Eity Maryland even if retired): None None 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Elijah Archie Baker Heater Elizabeth Webb 15. WAS DECEASED EVER IN U.S. ASMED FORCES ? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of service) Mr & Mrs. Elijah A. Boker (Father & Mother 18. MEDICAL CERTIFICATION R. D. # 2 Parsonsburg, I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a)... DHE TO Antecedent cause(s) (b) ... Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a, DATE OF OPERATION: | 19b, MAJOR FINDING OF OPERATION: (County) 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? OF While at Not while INJURY at work work | 22. I hereby certiff that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find that death resulted from Natural causes . Accident . Suicide . Homicide . Undetermined cause []. SIGNATURE CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.

NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) 23. BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify) Mar. 19. 1955 Line Church Cemetery Near Pittsville. Maryland REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS DATE REC'D BY LOCAL HOLLOWAY & COMPANY SALISBURY MARYLAND Harry

BUREAU V. S.

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Wicomico MARYLAND	STATE Maryland county Wicomico
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give neerest town) (in this place)	CITY (H outside corporate limits, write RURAL and give nearast lown) OR
X TOWN Salisbury 50 Yrs.	TOWN Salisbury
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
STREET ADDRESS Rt #1	ADDRESS
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Dey) (Year)
(Type or Print) MARY ESTHER	BANKS DEATH 3 75 19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIED. 8.	DATE OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HR
Female White (Specify) Widowe d Jul	V 77.7862 92 Yrs. Months Days Hours Min.
108. OJOAL OCCORATION (GIVE AND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
dona during most of working lite, even If OR INDUSTRY	COUNTRY?
13. FATHER'S NAME	Maryland U.S.A.
T.W.H. White Sr. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N	Louisa Fooks NO. 17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMACI & ADDRESS
- No Mone	Mr. Austin Banks, Same
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	L CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
Man W	- Usd Me
ANTECEDENT CALIFERS DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B)	n pleen -
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
STATING CAUSE CASE. (C)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH,	
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, fectory,	YES NO [] 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OF INJURY street, office bidg., atc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21a. INJURY OCCURRED	211. HOW DID INJURY OCCUR?
M. at work at work	
22 I havehy cartify that I attended the decored from	1944, to Mar 15, 1955, that I last saw the decease
alive on 121, 19.5, and that death occur	rred at 9 M, from the causes and on the date stated above.
	/
alive on, 19 and that death occurs	/ ADDRESS (Street city lown data) DATE STONE
SIGNATURE	1 2 . 1. 2 . 1.
23. BURIAL CREMATION. DATE THEREOF NAME OF CEMETE	o. Jaleshu had 3/17/53
23. BURIAL, CREMATION, PARE OF CEMETE REMOVAL (SPECIFY) A. DATE THEREOF NAME OF CEMETE	D. Jacesto Med 3/17/53 ERY OR CREMATORY LOCATION (City/town, or county) (51ete)
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 3/17/55 White Cemt	ERY OR CREMATORY LOCATION (City fown, or county) Shad Point, Maryland
23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF NAME OF CEMETE	D. Jacob Med 3/17/53 ERY OR CREMATORY LOCATION (City/town, or county) (State)
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 3/17/55 White Cemt	D. According (City fown, or county) ERY OR CREMATORY LOCATION (City fown, or county) Shad Point, Maryland

DERINA PROPERTY BUILDING N. S. BETTER BETTER BETTER

MARGIN RESERVED FOR BINDING

TYPE

PLEASE

	STATE	DEPARTMENT	OF	HEALTH—BALTIM	ORE,	18	031	4!
3195	CEF	RTIFICATE	OF	DEATH	Reg	Dist.	No.3:	3.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY WICO MARYLAND	STATE MID COUNTY WILD MILE
CITY (If outside corporate limits, write RURAL) LENGTH O	
OR and give nearest town) (in this i	piace) OR
X TOWN MARSEL 12 9 mil	1 1 1 5 m 30 2 m 19
9 INSTITUTION OF	STREET (If rural give location)
O STREET ADDRESS / AUL Shede hyrsing	Yorib BRIDGE ST
DECEASED: (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) CRAW FORD TRA	BENIN [17 DEATH: 3 26 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8.	DATE OF BIRTH: 9. AGE last birthday IF UNDER I YEAR IF UNDER 24 HRE.
(Specify):	te 10 1885 69 yrs. Months Days Hours Min.
DA USUAL OCCUPATION (Give kind of 10B KIND OF BUSIN work done during most of working life. OR INDUSTRY:	
even Mf setired):	PAID COUNTRY?
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
BLONGE BENDETT	JENHY RUSSELL
WAR DECEASED EVER IN U.S. ARMED FORCEST 16. BOCIAL SECURITY	
Yes, no, or unk.) (If Yes, give war or dates	
110 of service) 110 H 6.	mas cand Ford BENALTY
18. MEDICAL GER I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	TIFICATION INTERVAL BETWEEN
446 X	H ONSET AND DEATH
	memia artimorbiote rephretia 4 days
DUE TO	to the first the separate of the
ANTECEDENT CAUSE (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	
	to be
(C)	introschrosia ?
TO THE DEATH BUT NOT RELATED TO THE	1 m
DISEASE OR CONDITION CAUSING DEATH. Hups	static preumonia / la cure ty,
94. DATE OF OPERATION: 198. MAJOR FINDINGS OF OP	ERATION 20, AUTOPSY?
0	YES NO
1A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, for R CONTRIBUTING CAUSE OF DEATH OF INJURY street, off	arm, factory. 21c. WHERE DID (City or town) (County) (State)
IF EITHER, NOTIFY MEDICAL EXAMINER)	
ID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCUPT (NJURY) While Not w	
M. at work at wo	rk 🔛
2. I hereby certify that I attended the deceased from	1/2, 1954 to death, 19, that I last saw the deceased
alive on 3/25, 1955, and that death occur	rred at M, from the causes and on the date stated above.
SIGNATURE /	ADDRESS DATE SIGNED
rest m town	M.D. Dalong Rel Blogles
23. BURIAL, CREMATION, DATE THEREOF NAME OF	CEMETERY OR CREMATORY LOCATION (City, town, or county) (State
REMOVAL (SPECIFY)	10. 11. 11. 11. 11. 11. 11. 11.
	EDESH 3 MAROUNA SPRINGS, MD
DATE REC'S BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 3163

	Н	•	2.	USUAL RESIDE	NCE (HOME) OF I		
COUNTY Wicomi		MARYLAN		STATE Md.		Anne Ar	
CITY (If outside corpor OR and give neares) 12 TOWN Salist	town)	LENGTH OF ST	S	OR -	imore 25,		10WA)
HOSPITAL OR		StateeHospital		STREET ADDRESS 169	(If rural g 2nd. Ave.	rive location)	A A - W
3. NAME OF DECEASED (Type or Print)	(Fini) rederick	(Middla)	Boesch		4. DATE (MO	Mar. 1	(Year) (Year) L 1955
M RAC	E W (Spe	GLE, MARRIED, DOWED, DIVORCED, Decity) WIC.	Oct. 1		9. AGE last birthday 73	Months D	EAR IF UNDER 24 eys Hours h
10e. USUAL OCCUPATION (done during most of work retirad)	Give kind of work orking life, even if	OR INDUSTRY	11, 9	RTHPLACE (State or for Maryland		12.	COUNTRY?
13. FATHER'S NAME			1	MOTHER'S MAIDEN	NAME		
15. WAS DECEASED EVER II	N U. S. ARMED FORCES		Y NO.	17. INFORMANT & Hospital			
DISEASES OR CONDITION		TO DEATH Pulmonary ede	ema	ATION			onset and deat 6 hrs.
ANTECEDENT CONDITIONS	IF ANY. (R)	Acute myocard	lial inst	fficiency			24 hrs.
GIVING RISE TO THE ABO STATING UNDERLYING CA	(C)	Pulmonary bro	onchogen	e Ca. and	Ca. of tong	ue	?
TO THE DEATH BUT NOT I	RELATED TO THE	Arteriosclero	osis - g	eneral			?
19a, DATE OF OPERATION		FINDINGS OF OPERATION					20. AUTOPSY?
218. ACCIDENT WAS UNDE OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL)	OF DEATH OF INJU	ACE (Home, farm, factory, JRY streat, office bldg., atc.)	21¢. W	HERE DID INJURY OCCU	JR? (City or town)	(County)	(State)
21d. TIME OF INJURY (Mo	nth) (Day) (Year) (H	Our) 21s, INJURY OCCURRE While Not wh M. at work at work	ile -	OW DID INJURY OCC	JR?		
22. I hereby certif		the deceased from2,	124		3/11 , 19 55		

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STATE OF DEATH

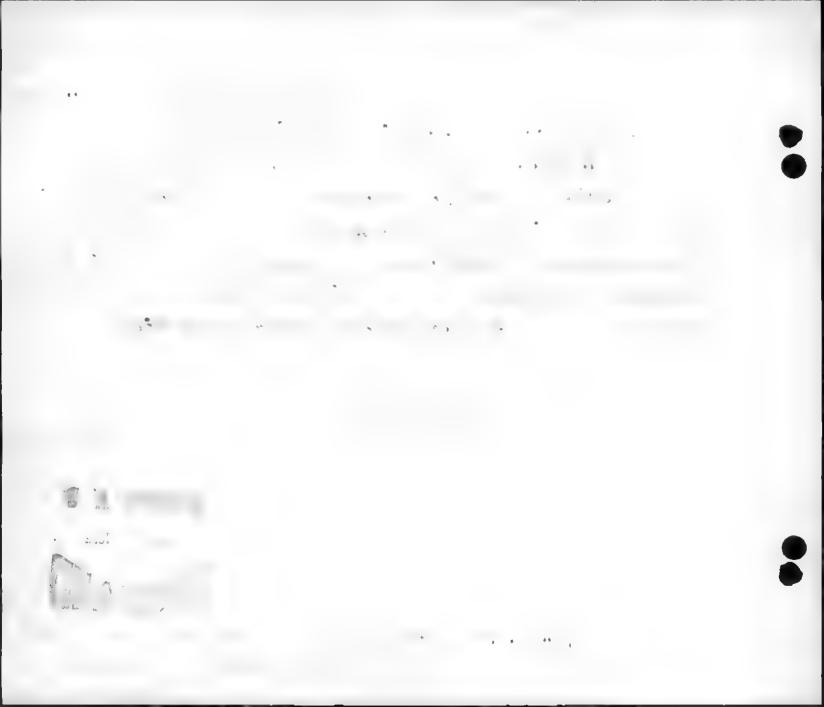
THE RESIDENCE OF THE PARTY OF T

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BUREAU V. S.

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Mary

Watson - tocomoke.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3161 CERTIFICATE OF DEATH

Reg. Dist. No. 332

ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
legibly	COUNTY WICOMICO MARYLAND	STATE Md. COUNTY Worcester
	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
and	OR and give nearest town) (in this place)	TOWN Pocomoke 23-42-2
	HOSPITAL OR A	STREET (If rural give location)
BT	97 STREET ADDRESS	ADDRESS C. d.
clearly	eninsula, general hosp.	103 Cectar of
	S. NAME OF (First) (Middle)	Last) 4. DATE (Month) (Day) (Year)
death	(Type or Print) 5. SEX: 16. COLOR OR 17. SINGLE, MARRIED, 18. DATE	OF BIRTH: 9. AGE last birthday I PUNDER I YEAR I PUNDER 24 HRS.
of d	RACE:/_ WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 MRS. Months Days Hours Min.
	Mais White (Specify): NCC. 2,	/% / / yre.
causes	10A, USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS Approximately for the control of the c	11. BIRTHPLACE (State of foreign country): 12. CITIZEN OF WHAT
cal	13: FATHER'S NAME:	Musamea USA
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
	John W. Dundiel SV	Emma shreaves
write	18 WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
	(Yes, no or unk.) (If Yes, give war or dates of service)	Mrs (Jerama Bundick Premote Med
ease	18. MEDICAL CERTIFICATI	ON INTERVAL BETWEEN
pld	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	· Premay ONSET AND DEATH
	197.7 CONCOND	matores, contingum virtenous
ana	DUE TO	The confirmation confirmation
ici	ANTECEDENT CAUSE (8)	
Physicians	GIVING RISE TO THE ABOVE CAUSE DUE TO	
凸	STATING UNDERLYING CAUSE LAST.	
nt.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	<u> </u>
important.	TO THE DEATH BUT NOT RELATED TO THE	lend Of deurschion
odi	DISEASE OR CONDITION CAUSING DEATH.	The cooperation of the cooperati
in	12	20. AUTOPSY?
II'A	The second secon	
especially	21A. ACCIDENT WAS UNDERLYING ☐ 21B. PLACE (Home, farm, factor OF CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg.,	
be	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	OF INJURY While Not while	ZIF. HOW DID INJUNIT OCCUR!
. E.J.	144.	Fy And Man and A
98	22. I hereby certify that I attended the deceased from 3 - 3	La Company of the Com
4.5	alive on 3. 2.0	M, from the causes and on the date stated above.
is a	SIGNATURE GOAL	ADDRESS DATE SIGNED
correct		D. Sales LULY, Md 3-30-55 RY OR CREMATORY (State)
Ç	23. BURIAL CREMATION. DATE THEREOF NAME OF CEMETE	LOB T The
	DATE DECID BY LOCAL DECISTRAD'S SIGNATURE	24 FUNERAL DIRECTOR ADDRESS
	I TIAMS RESCRIBED BY LIBEAL I REGISTRAR'S SIGNATURE.	AUDIEDA MINEULOS

Mary W. Hollomay

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3197

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CE	KIIFICAI	E OF DE	AIM		332
DR.QUINN				Reg. Dist. No.	
1. PLACE OF DEATH		2. USUAL RES	DENCE (HOME) OF	DECEASED	
COUNTY Wicomico	MARYLAND	STATE Mary			
CITY (If outside corporate limits, write RURAL OR and give nearest town)	(in this plece)	OR OR	corporate limits, write RURA	L and give nearest town	
X TOWN Merdela		town Marc	lela		X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Reilroad Ave.		ADDRESS Rei	.lroad Ave.	give location)	1
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (A	Aonth) (Dey)	(Year)
(Type or Print) MARION	JAMES	CORDREY	OF DEATH	March 1	1 th. 55
5. SEX 6. COLOR OR 7. SINGLE, N RACE WIDOWE	ARRIED, 8, DATE	OF BIRTH	9. AGF lest birthdey	IF UNDER 1 YEAR	IF UNDER 24 HRS
Male White (Specify)	Married June	16, 1890	64 yr	s. Months 25	Hours Min,
10e. USUAL OCCUPATION (Give kind of work 10b	KIND OF BUSINESS	11. BIRTHPLACE (State o		1 12. CITIZE	EN OF WHAT
done during most of working life, even if relired Retired Employee of I	OR INDUSTRY Phililian Packin	Co. R.D.	Hebron, Mar		ntry? US A
13. FATHER'S NAME COM	bridge, Md.	14 MOTHER'S MA			0046
James Cordrey		Janie Hen	derson		
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17, INFORMAN			
(Yes, no, or unk.) (If Yes, give wer or detes of service)		Mme Dad	sey Cordrey(Wife Doils	rood Arra
	18. MEDICAL CI	A ALL AND THE PARTY OF THE PART	ardels. Mary		ERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	ATH	1 . ;	0 00	ON	SET AND DEATH
44 4 IMMEDIATE CAUSE (A)	tegh x3. +	acet	hunkle	rela H	rest
ANTECEDENT CAUSE(S) DUE TO	10 1%			1	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	Mar Le	410-4			
(C)					
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	not kee	~WM.			
	NGS OF OPERATION			21	0 AUTOPSY?
/ A gae				YES	L-1 - L-1
OR CONTRIBUTING CAUSE OF DEATH OF INJURY ST	Home, ferm, fectory, eel, office bldg., efc.)	21c. WHERE DID INJURY C		(County)	(Stete)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) M.	21e. INJURY OCCURRED While Not while et work	21f. HOW DID INJURY C	OCCUR?		
22. I hereby certify that I attended the d	eceased from MCA	1 / 19 54 10 6	uch 1/ 10 -	C that I last say	w the deceased
	and that death occurred				
SIGNATURE			IDDRESS (Street, city, fi		o. Date signed
77290	- Julya	market	a somigo.		-
23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF	NAME OF CEMETERY O	R CREMATORY	LOCATION (City, to	own, or county)	(State)
Euriol Morch 13.1 24. BEC'D BY REGISTRAR REGISTRAR'S SIGNA		emetery (Ne	w) Mardela Or's SIGNATURE	ADDRESS	
DATMARCH 15 1955 Mary of	Mariano	HOLLOWAY	& COMPANY	SALISBURY N	

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BUREAU V. E.



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INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3168 CERTIFICATE OF DEATH

03160

STOO CEN	HIFICAL	E OF DE	Reg. Di	ist. No
1. PLACE OF DEATH		1 2 HEHAT DECI	DENCE (HOME) OF DECEAS	
1 . 1		A. OSORE KESI	,	
COUNTY WICOMICO	MARYLAND	STATE VN AR	4LAND COUNTY W	ORCESTER
CITY (If outside corporate timits, write RURAL OR and give nearast town)	(in this place)	OR .	ofporate limits, write RURAL and give	naarest town)
12 TOWN SALISBURY	1 Hour	TOWN OC	EAN CITU	23x 2
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural give focation	on)
STREET ADDRESS ENINSULA (DE	NERAL HOSPIT	7)_	RRI	
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Month)	(Day) (Yaar)
(Typa or Print)	LLEN	DOWNEY	DEATH MARC	4 15 1955
5 SEX 6. COLOR OR 7. SINGLE, MAR RACE WIDOWED,	CN7Propiet r.m.	OF BIRTH		DER 1 YEAR IF UNDER 24 HRS
F WHITE (Specify)	Mn	R. 3, 1900	55 Yrs Months	Days Hours Min.
	CIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stala or	foraign country)	12. CITIZEN OF WHAT
OWNER TOURIST HOME	OWN	PENNS	VLVANIA	U.S.A
13. FATHER'S NAME		14. MOTHER'S MAID		
JERANK ESHERMY	hN	W AL	KNOWN	
	16. SOCIAL SECURITY NO.	17. INFORMANT	A ADDRESS	R.F.
(Yes, give war, or delas of service)		MR. Jo	DAVI NEV	BERLINI
	18. MEDICAL C	ERTIFICATION	TA PUTATO	INTERVAL BETWEEN
'I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	A	- 1 11 aug		ONSET AND DEATH
33 MMEDIATE CAUSE (A)	<u>erebr</u>	a HEMIC	Thase	2 usuras
ANTECEDENT CAUSE(S) DUE TO		•		
DISEASES OR CONDITIONS, IF ANY, (B)				
STATING UNDERLYING CAUSE LAST, DUE TO				
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE				
19a. DATE OF OPERATION 19b. MAJOR FINDING	S OF OPERATION			20. AUTOPSY?
2				YES NO
	me, ferm, factory, , offica bldg., atc.)	21c. WHERE DID INJURY OC	CUR? (City or lown) (C	ounty) (State)
21d, TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21	e. INJURY OCCURRED	211. HOW DID INJURY OF	CCUR?	
	hile Nol while work			
22. I hereby certify that I attended the dec	~ /	5. , 19 55, 10	3-15, 195 J, that	1 last saw the deceased
			e causes and on the date sta	
SIGNATURE	. ()		DDRESS (Strant, city, town, stete)	DATE SIGNED
Lavican R. 8001	O A M.D.	Salin	luce Md	3-15-55
23. BUNIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY	OR CREMATORY	LOCATION (City, town, or cou	nty) (State)
BURIAL MAR. 21.19	S 3 T. J.	It N F	I E M ANIVE	PA
24 REC'D BY REGISTRAR REGISTRAR'S SIGNATUL		25 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS
note: 10 and 17 1652 1 May 9	1 21.00	Dans	D 3.1	- Bulin

ENTERN N'I

* (

(Year)

19 55

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

NO

(Stata)

YES

ADDRESS

12. CITIZEN OF WHAT

COUNTRY?



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. 1

TAPATATATA	TANK A TAKENYENID S CS	CERTIFICATE	OTA	TOTAL A PROTECT	22
MEDICAL	L'AAVUN L'E	CERTIFICATE	Uľ	DEATH	Non

MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No.204
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY OF TOO MARYLAND	STATE TO TO COUNTY TOO TOO	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN CITY (If outside corporate limits, write RURAL (in this place)	CITY (If outside corporate limits write RURAL an OR TOWN	d give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) 'erbert Far	(Last) 4. DATE (Month) (Da OF DEATH	y) (Year) 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT WIDOWED, DIVORCED, (Specify):		YEAR IF UNDER 24 HRS. lays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): 12borer 10b. KIND OF BUSINESS C	Maxwand	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Clara Corbin, Tagi an- 11	. 74 /~ 7
18. MEDIC	AL CERTIFICATION	INTERVAL BETWEEN
DUE TO Antecedent cause(s) Diseases or conditions if any. (b)	z° 20	ONSET AND DEATH
giving rise to the above cause DUE TO stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No 2
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF street, office bldg., etc CAUSE OF DEATH.	y, 21c. (City or town) (County)	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCUIRED While at Not while INJURY M. work □ at work □	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descrifind that death resulted from: Natural causes [7], Acci		
SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
WYTHY CAY I R CO. Sec.	M. D. ASSISTANT MEDICAL EXAM. RY OR CREMATORY LOCATION (City, town, or c	ounty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
504-50 Mary W. Holloway	Novem / M CO.	esh

PLEASE WRITE Phainly, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - III

A Comment.

AAM

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY WICOPICO MARYLAND	STATE Maryland county Wicom	ico
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)	CITY (If outside corporate limits write RURAL and OR	give nearest town)
CITY (If outside corporate limits, write RURAL OR and give nearest town) Salisbury LENGTH OF STAY (In this place)	TOWN Salisbury	12
HOSPITAL OR INSTITUTION OR JEEN. Gen. Hospital	STREET (If rural, give location) ADDRESS 106 Truitt St.	/
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type of Time)	HASTINGS OF DEATH LAR 25	<u> </u>
Male RACE: WIDOWED, DIVORCED, Specify: Larried Aug.	10, 1696 96 yrs.	ays Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF work done during most of work life, even if retired) Night watchism Trucking Co.	Pursonsburg, Maryland	CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Joseph Hastings	Nancy Ellen Gravenor	
(Yes no or unk) (If Yes give wer or detes of	17. INFORMANT & ADDRESS: irs. Lillian P. Hastings (Wife) 1	.06 Truitt St
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	AL CERTIFICATION Salisbury, Maryland	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary	occureo	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)	receron	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes [] No [5]
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc. INJURY	, 21c. (City or town) (County)	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work □ at work □	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descri	ped above, held an Autopsy [], Inspection []	, Inquiry [], and
find that death resulted from: Natural causes [], Accidentations of the signature of B. & Terro of the signature of the signa	CHIEF MEDICAL EXAMINER	mined cause []. DATE SIGNED Inc. 25 1955
23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify): War. 28. 1955 Dargons burg,		., , ,,
DATE REC'D BY LOCAL REGISTRAT'S SIGNATURE	1 24. FUNERAL DIRECTOR	ADDRESS
3-28-53- Mary W. How may	HOLLOWAY & COMPANY SALISBURY	LARYLAND

VS. A15A - 5 - 53

carefully: The correct

Supply every item of information write the

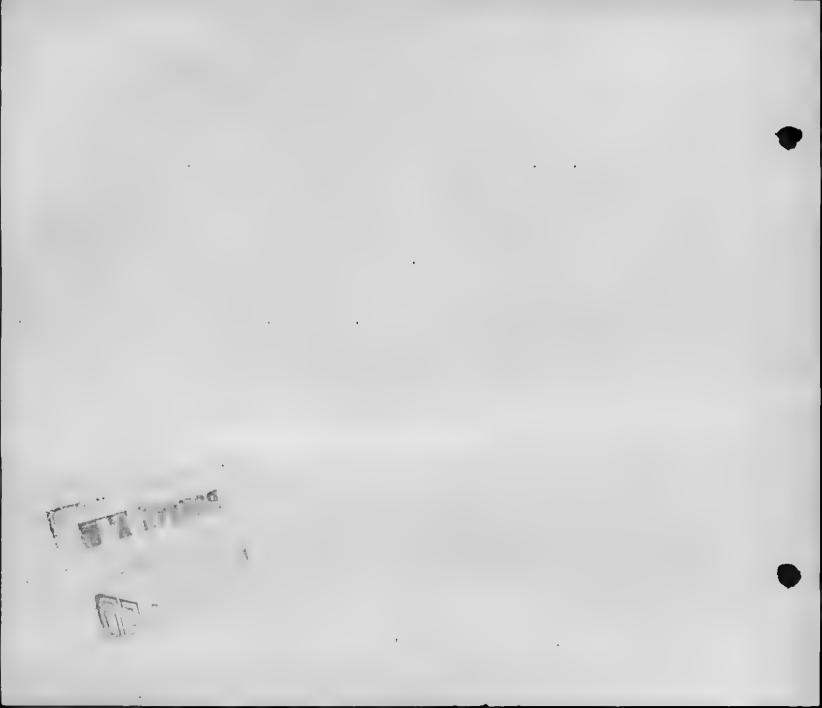
UNFADING INK. Physicians: pleme

WRITE PLAINEY, WITH age is especially important.

PLEASE WRITE PLA

MARGIN RESERVED FOR BINDING

Walter R. Holloway





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J. J. VARAUQ

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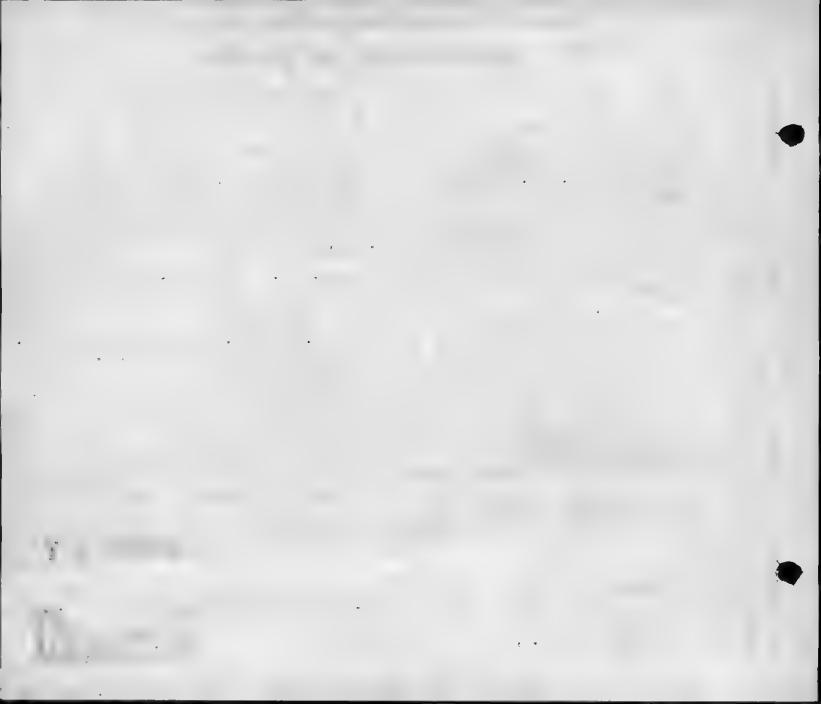
MINITATORCIAN EVAMINEDES CERDININICADE OF DEADIL

MEDICAL MARMINER S CER	TIPICALE OF DEATH	No. Quet
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	-
COUNTY MARYLAND	STATE om land county icomi	co
CITY (If outside torporate limits, write RURAL OR and give teares town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL a TOWN	nd give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS If rural, give location) /
3. NAME OF (First) (Middle) DECEASED: (Type or Print)	(Last) 4. DATE (Month) (DO OF DEATH 7	(Year)
7.374	E OF BIRTH: 9. AGE last birthday: IF UNDER I	,
10a. USUAL OCCUPATION (Give kind of work life, even affect seed a work life,		2. CITIZEN OF WHAT
13 FATHER'S NAME: Lall	Lecline Moore	
15. Was Deceased Ever in U.S. Armed Forces? 16. Social Security No.: (Yes, no or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	
Is. MEDIC. I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a)	AL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
DUE TO	The same of the sa	(hai)
Antecedent cause(s) Diseases or conditions, if any, (b)		
giving rise to the above cause DUE TO		
stating underlying cause last (c)		
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19n. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		28. AUTOPSY? Yes \(\subseteq \text{No } \(\subseteq \)
PRIMARY For CONTRIBUTING OF Street, office bidg. etc. CAUSE OF DEATH.	" Sandy Hell Wiener	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY 3 4 5 M. work at work	Hose for exhausting	cheel con
22. I hereby certify that I took charge of the remains descri		
find that death resulted from: Natural causes [], Accid	dent , Suicide , Homicide , Undet	
SIGNATURE	DEPUTY MEDICAL EXAMINER	DATE SIGNED
THE THE PARTY OF T	M. D. ASSISTANT MEDICAL EXAM.	
23. BURIAL, CREMATION, DATE THERROT NAME OF CEMETER TREMOVAL (Specify): 3-13-65 Family Con	n. Willowin	county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FENERAL DIRECTOR	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A-5-53





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TOR: The law recuted by thempty should be

certificate

DIRECTOR:

FUNERAL

certificate death cer A15C 1-55 1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

03168

Reg. Dist. No.... 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Wicomico STATE Delaware COUNTY Sussex MARYLAND (If outside corporate limits, write RURAL LENGTH OF STAY CITY (it outside corporate limits, write RURAL and give nearest town) (in this piece) TOWN Salisbury days TOWN Seaford HOSPITAL OR STREET (If rure) give location) ADDRESS street Address Peninsula Gen. Hospital Pine Street 3. NAME OF (First) (Last) 4. DATE (Month) (Day) DECEASED Everett Kniceley (Type or Print) Asa DEATH Mar. 15 SINGLE, MARRIED. 8. DATE OF BIRTH 6. COLOR OR 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED. RACE Days SpecMarried White 63 Male June 9,1891 10a. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if OR INDUSTRY COUNTRY? retired) Retired Minister Braxton County, W. Va USA Methodist 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret Hinkle Daniel Knicelev 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (If Yes, give war or dates of service) Yes, no, or unk.) 228-05-6470 Janet G. Kniceley, Seaford. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH. ONSET AND DEATH X IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? NO I YES | 21b. PLACE (Homa, farm, factory, OF INJURY street, office pidg., etc.) 21e. ACCIDENT WAS UNDERLYING [7] 21c. WHERE DID INJURY OCCUR? (State) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while at work al work ADDRESS (Street, city, town, stete) DATE SIGNED BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (SPECIFY) Burial 3-18-1955 St. Johnstown Greenwood. 24. REC'D'BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE

3 A ... 5231 • ;

VS A15C 1-55 10M

9

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3173

CERTIFICATE OF DEATH

03169

Ttem 9. Filmg179 3-31-55 et	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY // COM/CO MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) (In this place)	STATE MARY And COUNTY WORCESTER CITY (If outside corporate limits, write RURAL end give naarest town) OR TOWN 1. 10 2 1 2 1 2 1 2 2 3
HOSPITAL OR POSTULIA GENERAL HOSPITAL RESTRICT ADDRESS PAINSULA GENERAL HOSPITAL	STREET (Il rural give locetion) RT. #/
3. NAME OF (First) (Middle) DECEASED (Type or Print) E/IA	Lewis 4. DATE (Month) (Dey) (Year) DEATH MARCH 18 1955
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRED WIDOWED, DIVORCED, (Spacily) 8. DATE OF	9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a, USUAL OCCUBATION (Give kind of work done dunger fines of working life, even if retired)	11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Many Land
13. FATHER'S NAME William S. Bakar	Batherine Baker
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (II Yas, giva war or datas of sarvica)	Mrs. Madge adking Bishop hd.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
33/X IMMEDIATE CAUSE (A) CENEDITAL ANTECEDENT CAUSE(S) DUE TO	Hemorthage 5 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	Cittieroscierosis that
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bldg., atc.)	c. WHERE DID INJURY OCCUR? (City or lown) (County) (Stata)
21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21a, INJURY OCCURRED While Not while M. at work	II. HOW DID INJURY OCCUR?
Signature Selwor M.D.	3, 19.5., 16
28. BLEID CREMATION, DATE THEREOF NAME OF CEMETERY OR CO. 3-20-55	metery hear Whaleyswille Mad.
DABY 19-55 Mary 11 Holloway	Transfer H. Watson, Potomoke, Ind

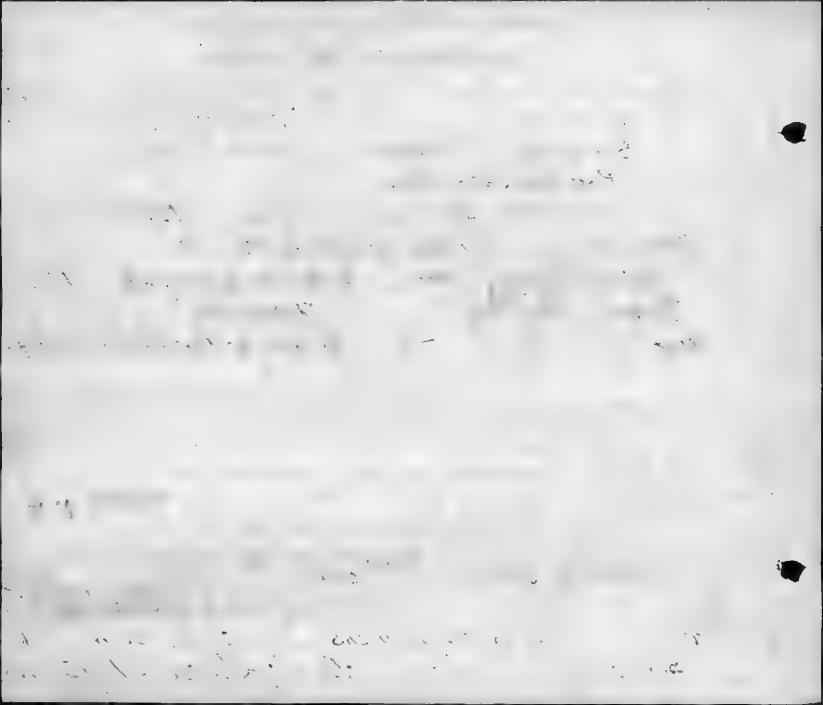
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3174 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

03170

Months Deys 10. USUAL OCCUPATION (Give kind of work done during line even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, og unk.) (If Yes, give wer or detas of sarvice) 16. MEDICAL CERTIFICATION WIDOWED, DIVORCED. September 23. 1875 11. ARTHPLACE (State or foreign country) 12. CITIZEN COUNT MARY ARVINGED 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, og unk.) (If Yes, give wer or detas of sarvice) 16. MEDICAL CERTIFICATION INTER	(Year) (Year)
CITY (If outside corporate limits, write RURAL OR and give nearest jown) OR and give nearest jown) HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF DECEASED (First) (Type or Print) 5. SEX 6. COLOR OR RAPE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, Specify) 10a. USUAL OCCUPATION (Give kind of work done during through of working life every if refired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, og unk.) (If outside corporate limits, write RURAL and give nearest town) OR TOWN ARRIED (In this plece) STREET ADDRESS (If rural give location) ADTE (Monith) (Day) OF DECEASED (In this plece) (Last) 4. DATE (Monith) OF DEATH MARCH OF DEATH MA	Hours Min.
CITY (if outside composate limits, write RURAL on give nearest town) OR and give nearest jown) OR JOWN OR and give nearest jown) OR JOWN OR AND TOWN OR JOWN OR TOWN OR AND TOWN OR JOWN OR TOWN OR JOWN OR JO	Hours Min.
HOSPITAL OR HOSPITAL OR STREET ADDRESS PAR BLUFF STATE HOSP. STREET ADDRESS PAR BLUFF STATE HOSP. STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS (First) (Middla) (Last) (Type or Print) SEX 6. COLOR OR NOT SINGLE, MARRIED, B. DATE OF BIRTH 9. AGE (ast) birthday IF JNDER TYRAR IN Months Days 10a. USUAL OCCUPATION (Giva kind of work done during) most of working life every if or retired) ADDRESS 11 A RIMPLACE (State or foreign country) 12. CITIZEN COUNT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, oy unk.) (If Yes, give wer or detas of sarvice) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS RCORDS OF PINE Bluff STATE 18. MEDICAL CERTIFICATION INTER	Hours Min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF DECEASED (First) (Middle) (Last) (Type or Print) 5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) (Specify	Hours Min.
3. NAME OF DECEASED (First) (Middle) (Last) 4. DATE (Month) (Day) DECEASED (Type or Print) CHARLES JEFFERSON MARKED. 5. SEX 6. COLOR OR 7. SINGLE, MARKED. WIDOWED., DIVORCED, (Specify) DVORCED, (Specify	Hours Min.
(Type or Print) SEX 6. COLOR OR RACE WIDOWED, DIVORCED Specify OF AND COLOR OR RACE WIDOWED, DIVORCED September 33, 1875 Type Months Deys To a. USUAL OCCUPATION (Give kind of work done during) freitined) The Color of Months OR INDUSTRY The Months The Color of Months The Colo	Hours Min.
(Type or Print) 5. SEX 6. COLOR OR 7. SINGLE, MARIED. 8. DATE OF BIRTH 9. AGE less birthday WIDOWED. DIVORCED. (Specify) NORCED September 23 1875 T9 yrs. Months Days Months Or INDUSTRY 10. USUAL OCCUPATION (Giva kind of work done during most of working life even if retired) ADERER. (Shelf or foreign country) 13. FATHER'S NAME ACTION 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (Yes, no, o) unk.) (If Yes, give wer or delas of sarvice) 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION INTER:	Hours Min.
MADE WIDOWED, DIVORCED, (Specify) DIVORCED, (Specify) DIVORCED, (Specify) DIVORCED, September 3, 1875 79 yrs. Months Days 10a. USUAL OCCUPATION (Give kind of work done during most of working life every if retired) Appear. OR INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, of unk.) (If Yes, give wer or delas of sarvice) 16. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 10a. USUAL OCCUPATION (Give kind of work done) Days 17. CITIZEN COUNTY 18. MEDICAL CERTIFICATION 19. Months Days Months D	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life every if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 10b. KIND OF BUSINESS 11 ARTHPLACE (State or foreign country) 12 CITIZEN COUNTRY 13. FATHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION	OF WHAT
done during most of working life even if OR INDUSTRY SAME OR INDUSTRY OR INDUSTRY SAME STOWN MARYAND 14 MOTHER'S MAIDEN NAME OR INDUSTRY SAME STOWN MARYAND 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, of unk.) (If Yes, give wer or delas of sarvice) 18. MEDICAL CERTIFICATION INTER: 18. MEDICAL CERTIFICATION	OF WHAT
13. FATHER'S NAME ACTORY 14 MOTHER'S MAIDEN NAME ACTORY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS Records of Pine Bluff Str. 18. MEDICAL CERTIFICATION INTER	4.S.A
JAMES MARINE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or datas of sarvice) 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION	7
(Yes, no, or unk.) (If Yes, give wer or datas of sarvice) Records of Pine Bluff St	
(Yes, no, or unk.) (If Yes, give wer or datas of sarvice) Records of Pine Bluff St	
	d. lit.
	11e Hoy
ONSE	T AND DEATH
MIN IMMEDIATE CAUSE (A) WILLIAM MEN MINE MORCHONS 89	20.
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE TATING, LININEPLYMING, CAUSE LAST DUE TO	
STATING UNDERLYING CAUSE LAST, DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISFASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20, YES	AUTOPSY?
21a. ACCIDENT WAS UNDERLYING [] 21b PLACE (Home, farm, fectory. 21c. WHERE DID INJURY OCCUR? (City or town) (County)	(State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY straet, office bidg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while	
M. el work at work	
22. I hereby certify that I attended the deceased from	the decease
alive on 1976. 1950. and that death occurred at 2.5. M, from the causes and on the date stated above.	
SIGNATURE (Street, city, town, profe)	ATE SIGNE
M.D. I THE GILLE OF THE TOSP, WITHOURD	
23 AGRIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY I LOCATION (CITY, 10WN, or county)	My Pu
23 ADRIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY (COUNTY) PEMOVAL (SPECIFY) MAD 13 19(5) LOCATION (CITY, 15WIN, or county)	(Spota)
23 AGRIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY WILLIAM LOCATION (GTY, 15Wn, or county) DURING 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE ADDRESS ADDRESS	(Spale)
DURING MAR 23,1955 FIREMENS, ShARPTOWN	(S/o) (S/o) (S/o)



BLACE OF DEATH

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3175 CERTIFICATE OF DEATH

03171

Reg. Dist. No. 331

		3433 C	
COUNTY Wicomico	MARYLAND LENGTH OF STAY	STATE Maryland COUNTY SOM	erset
CITY (If outside corporate timits, write RURAL OR and give nearest town)	, (in this place)	OR 01 01 33 34 3 3 3	
12 TOWN Salisbury, Maryland	1 mon. 5 da		19- 1-6
HOSPITAL OR INSTITUTION OR Deer's Head State	Weenitel	STREET (if rurel give location)	
// STREET ADDRESS Deel's -ead State	nospicar	207 N. Somerset Av	re.
3. NAME OF (First)	(Middle)	(Last) 4. DATE (Month)	(Day) (Yeer)
(Type or Print) Edward	W. Mar		13 19,55
5. SEX 6. COLOR OR 7. SINGLE, MARR WIDOWED, DI W (Specify) W	VORCED	The state of the s	Days Hours Min.
M RACE WIDOWED, DI	dowed De	c. 10, 1867 87 yrs. Months	Days Hours Min.
	ND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12	COUNTRY?
retired)	unk	Virginia	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John W. Marsh		Margaret Evans	
	6. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, no, or unk.) (If Yes, give wer or dates of service)	unk	Hospital Record	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CERT	TIFICATION	INTERVAL BETWEEN
a as A	Cardiac insuff	i ci ency	ONSET AND DEATH
422 IMMEDIATE CAUSE (A)	OBIGIAC INSCIP	Control Control	
ANTECEDENT CAUSE(S) DUE TO	Amtoniocolonoki	is Cardiovascular disease	unk
GIVING RISE TO THE ABOVE CAUSE	Wirecitoscieros:	is cardiovascular disease	LEIM
I STATING LINDERLYING CALLSE LAST DUE LU	Arteriosclerosi	is general	unk
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH.			
190. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION		YES NO TO
210. ACCIDENT WAS UNDERLYING 21b. PLACE (Hom	e. ferm. fectory. 21	Ic. WHERE DID INJURY OCCUR? (City or lown) (Cour	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
21d, TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e, Whi		THE HOW DID INJURY OCCUR?	
	rork et work	Man 12 55	
22. I hereby certify that it attended the dece	ased from FOD. 5	19 55 Mar. 13 , 19 55 , that I	last saw the deceased
alive on Mar. 12 19 55 and	that death occurred at:	3:35. Am, from the causes and on the date state	d above.
DEFECTION A		ADDRESS (Street, city, town, stete)	DATE SIGNED
The marcine		er's Head State Hospital Salis	
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR C		
DORIAL MAR, 16, 1955	ONANCOCK CI		CINIA
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	.0100	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 3-17-55 Mary (1)	Holionau	Branslaw & Sers - CRISFI	ELD. MD.

BULLIU V. S.

J. Mixiche.

SECEIVED 1955

BUREAU V. K.

3177 MARYLAND STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
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CERTIFICATE OF DEATH

113172

Reg. Dist. No..... 2. USUAL RESIDENCE (HOME) OF DECEASED Florida COUNTY Putnem (If outside corporate fimils, write RURAL and give neerest town) TOWN East Palatka STREET (If rural give location) ADDRESS Rural 4. DATE (Month) ¿Yone OF DEATH 26 -19 55 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS Months Hours 1 YII. 18 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT COUNTRY? Salisbury, North Carolina USA Harriett McCov 17. INFORMANT & ADDRESS 242 Wiley Ave. Mrs. Fannie McCoy Mack, Whitesboro, N. J. 20. AUTOPSY YES 🗀 NO (County) (State) 211. HOW DID INJURY OCCUR?

1. PLACE OF DEATH Wicomico MARYLAND Ill outside corporate limits, write RURAL LENGTH OF STAY and give naarest town) (in this place) A TOWN Salisbury mos. HOSPITAL OR INSTITUTION OR STREET ADDRESS 600 W. Isabella Street 3. NAME OF (Middle) DECEASED (Type or Print) Henry Jeremiah McCov COLOR OR SINGLE, MARRIED. 8. DATE OF BIRTH RACE WIDOWED, DIVORCED. (Specify) Married Male 1-8-1878 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if Laborer Construction 13. FATHER'S NAME Jerry McCoy 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Il Yas, give wer or dates of service) (Yas, no, or unk.) 267-16-0391 I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH STA IMMEDIATE CAUSE DUE TO INTERSTIAL NephriTis ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19a. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, 21c. WHERE DID INJURY OCCUR? (City or fown) OR CONTRIBUTING TI CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While Not while at work at work 22. I hereby certify that I attended the deceased from Quality 20, 19 54, to March 24, 19 55, that I last saw the deceased alive on March 26, 1955, and that death occurred at 1.42 P.M. from the causes and on the date stated above. Trouble MI Salisbury-1 23. BURIAL, CREMATION, REMOVAL (SPECIFY) NAME OF CEMETERY OR CREMATORY DATE THEREOF LOCATION (City, town, or county) Burial 3-29-155 Whitesboro Cemetery 2S. FUNERAL DIRECTOR'S SIGNATURE 24. REC'D BY REGISTRAR

tolloway

. E I JAIRUA

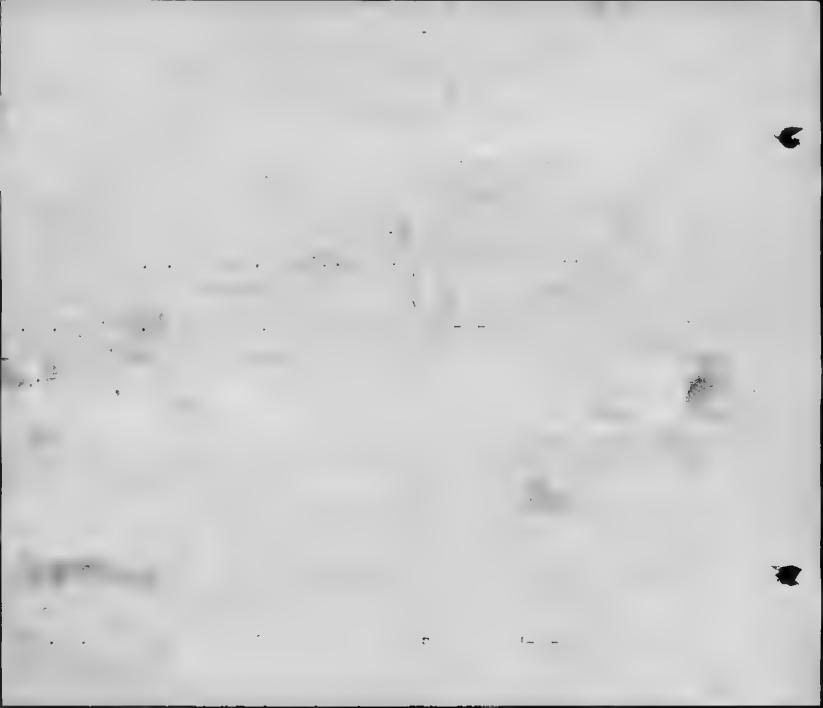
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EURTAU V. 3.

VS. A15A - 5 - 53

3.78 Item 7, Filmc178 3-16-55 6 MARYLAND STATE DEPARTMENT OF	et	03174
		Reg. Dist.
MEDICAL EXAMINER'S CE	RTIFICATE OF DEATH	No.352
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY C 100 MARYLAND	STATE COUNTY Gos ion	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Foliabury LENGTH OF ST (In this place)		give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS On arrival to Hospital.	STREET (If rural, give location) ADDRESS	J.
3. NAME OF (First) (Middle) (DECEASED:	(Last) 4. DATE (Month) (Day OF	
(Type or Print) Fig. 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. D	OATE OF BIRTH: 2. AGE last birthday: IF UNDER 1	19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. D WIDOWED, DIVORCED, (Specify) & CHIMOD LAW	About 1887	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, INDUSTRY:	S OR 11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
even if retired): Laborer Shore Lumber Co	14. MOTHER'S MAIDEN NAME:	USA
Unknown	Unknown	
16. WAS DECEASED EVER IN U.S. ARMED FORCES ? (Yes, no, or unk.) (If Yes, give war or dates of		
Yes service) WW I 213-14-6246	Miss Mary Jones, 703 F Rose St. S	alisbury, Md.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	DICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Company on all	usion	
Antecedent cause(s)	oticlery live	rearr
Diseases or conditions, if any, giving rise to the above cause DUE TO	The second section is the second seco	
stating underlying cause last (c)		1
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION	N∶ e	28. AUTOPSY? Yes □ No □
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF street, office bldg., CAUSE OF DEATH.		(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. Work at work	le	
22. I hereby certify that I took charge of the remains des		, Inquiry [], and
find that teath resulted from: Natural causes E, A		
SIGNATURE & L. Rome	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	J- 9- 55
DEMOVAL (Specify)	TERY OR CREMATORY LOCATION (City, town, or co	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Memorial Park Salisbury, Wicomic	ADDRESS
300-50 Mary W. Holloway	Mory a Stewart, 32+ 8, C	furch St
	Sausbur	y, Ma.
		4



14 hours of death.

Fig.

32 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CE	RTI	EIC	AT	re d	OF	DE	ATH
C.L	15 1 1		7 .		yr.		

Dr. Hearne		ERTIFIC				Reg. Di	ist. No	
1. PLACE OF DEATH		·	2, U	SUAL RESIDE	NCE (HOME)	OF DECEAS	ED	
COUNTY	n * ·	MARYLA	ND SI	ATE Mery	land c	OUNTY 1/1	000	
OR end give nearest to	e limits, write RURAL pwn) Salisbury	LENGTH OF S	TAY CI	}	sbury		nearest town)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	arey Ave.	R.D. # 3		DDRESS Car	ey Ave.	R. D.	_	
3. NAME OF DECEASED (Type or Print)	(First) OLAF	(Middle) (N/A)	(test) F.EL.SON		4. DAT		(Day) 21	{Y
5. SEX 6. COLOR RACE	WIDO	OWED, DIVORCED,	8. DATE OF BIRTH	78	9 AGE lest bir		DER 1 YEAR	F UNDE Hours
10e. USUAL OCCUPATION (Godone during most of work retired Retired C	ive kind of work	10b. KIND OF BUSINESS OR INDUSTRY Company Drive	11. BIRTI	PLACE (Stells or for	eign country)	- 0	12. CITIZEN COUNTR	
13. FATHER'S NAME		Company Direct		NOTHER'S MAIDEN	NAME			0.02
Peter Nelso	E.		161	izabeth	(Unk)		
15. WAS DECEASED EVER IN	U. S. ARMED FORCES	? 16. SOCIAL SECUR	TY NO. I	7. INFORMANT &	ADDRESS			
Unk	ve wer or deles of service	18. MEDI		s. Bessi			and INTERV	AL BE
1 / DISEASES OR CONDITIONS 1/20, / IMMEDIATE CA ANTECEDENT CA DISEASES OR CONDITIONS.	DIRECTLY LEADING TO	18. MEDI	Mr Ar				and INTERV	AL BE
1 Diseases or conditions 1/20, IMMEDIATE CA ANTECEDENT CA	DIRECTLY LEADING TO	18. MEDI					and INTERV	AL BE
1 / DISEASES OR CONDITIONS 1/20, / IMMEDIATE CA ANTECEDENT CA DISEASES OR CONDITIONS.	DIRECTLY LEADING TO	18. MEDI					and INTERV	AL BET
I DIRECTOR CONDITIONS I DISEASES OR CONDITIONS, GIVING RISE TO THE ABOVE STATING UNDERLYING CAU II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE	LUSE (A) (LUSE(S) DUE TO IF ANY, (B) - E CAUSE DUE TO SE LAST, (C) (C) ITIONS CONTRIBUTING LATED TO THE AUSING DEATH.	18. MEDI					2 Y. d. INTERVONSET	AUTO
I DISEASES OR CONDITIONS I DISEASES OR CONDITIONS ANTECEDENT CA DISEASES OR CONDITIONS, GIVING RISE TO THE ABOVE STATING UNDERLYING CAUS TO THER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RE DISEASE OR CONDITION CA	LYING [] LEADING TO	DEFATH 18. MEDI-	AL CERTIFICA		Salisbur	y, Maryl	2 Y. d. INTERV	AUTO
I DISEASES OR CONDITIONS I DISEASES OR CONDITIONS ANTECEDENT CA DISEASES OR CONDITIONS, GIVING RISE TO THE ABOVE STATING UNDERLYING CAUSE TO THE PEATH BUT NOT RE DISEASE OR CONDITION CA 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CAUSE OR CONTRIBUTING CAUSE OR CONTRIBUTION CAUSE OR CAUSE OR CONTRIBUTION CAUSE OR CA	DIRECTLY LEADING TO LUSE (A) (LUSE(S) DUE TO IF ANY, (B) - E CAUSE DUE TO ES LAST, (C) III IIIONS CONTRIBUTING LATED TO THE AUSING DEATH. 19b. MAJOR I LYING [] 21b. PLA DE DEATH LAMINER OF INJUR LAMINER OF INJUR LAMINER HOP) (Yeer) (Ho	FINDINGS OF OPERATION ACE (Home, ferm, fectory, RY street, office bidg., etc.)	21c. WHER	non Ave.	Salisbur	y, Maryl	27 d INTERVONSET	AUTOI
I DISEASES OR CONDITIONS I DISEASES OR CONDITIONS ANTECEDENT CA ANTECEDENT CA DISEASES OR CONDITIONS, GIVING RISE TO THE ABOVE STATING UNDERLYING CAU: 11 OTHER SIGNIFICANT CONDITION CAU: TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSE 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OR OR CONTRIBUTING CAUSE OF	DIRECTLY LEADING TO LUSE (A) (LUSE(S) DUE TO IF ANY, (B) - E CAUSE DUE TO SE LAST, (C) (C) ITIONS CONTRIBUTING LATED TO THE AUSING DEATH. 19b. MAJOR I LYING [] 21b. PLA DE DEATH LAMINER (Hopy) (Yeer) (Ho	FINDINGS OF OPERATION ACE (Home, ferm, fectory, XY street, office bldg., etc.) AUI 21e. INJURY OCCURR While Not w	21c. WHER	E DID INJURY OCCUR. TO MAN, from the ADI	UR? (City or town uR? Causes and o ORESS (Street,	(9	20. YES [ounty)	AUTOO



VS A15C 1-55 10M

NSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03176

CERTIFICATE OF DEATH 3179

332 Reg. Dist. No.....

1. PLACE OF DEATH			2. USUAL RESID	ENCE (HOME) OF DECEAS	SED
COUNTY Wicomico	MARYLA	ND	STATE MAI	ryland county We	orcester
CITY (If outside corporate hmits, write RURAL OR end give nearest town)	LENGTH OF S		CITY (Il outside co	rporate limits, write RURAL and give	nearest town)
TOWN Salisbury	(in this plac		TOWN	Berlin	23х .
HOSPITAL OR	0,220		STREET	(If rural give location	
INSTITUTION OR STREET ADDRESS PORT NOVI - C			ADDRESS	T A - N - 67	
Lentusura a	eneral Hospit		Last)	Route # 3	(Day) (Year)
DECEASED	(Widgle)	(LBSt)	4. DATE (Month)	(Day) (Tear)
(Type or Print) Lee		Pu	rnell	DEATH 3 .	- 27 - 19 55
	LE, MARRIED, OWED, DIVORCED,	B. DATE OF	BIRTH		IDER I YEAR IF UNDER 24 HRS.
Male A. A. (Spec	city) Widowed	3-13	8-1885	70 yrs. Month	Days Hours Min.
10a, USUAL OCCUPATION (Givs kind of work	10b. KIND OF BUSINESS	11.	BIRTHPLACE (Stelle or fo	oreign country)	12. CITIZEN OF WHAT
done during most of working life, even if	OR INDUSTRY		T 12		COUNTRY?
(13. FATHER'S NAME	Berlin Milli	ing up.	Derlin, W	orcester Co.Md.	USA
D, FAIRER 3 NAME			14. MOTHER'S MAIDE	N NAME	
James Purn	lell			Laura Puri	nell
15. WAS DECEASED EVER IN U. S. ARMED FORCES		ITY NO.	17. INFORMANT	& ADDRESS	
(Yes, no, or unk.) (If Yes, give war or dates of servi	216-09-	-5883	Elwood Pr	urnell, Berlin,)	1d. Rt.# 3
	18. MEDI	CAL CERT			INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING T	O DEATH		As .		ONSET AND DEATH
151X IMMEDIATE CAUSE (A) _	(arcis	nome	Nosio		NOT LOND
ANTECEDENT CAUSE(S) DUE TO	1	_	1	11	
DISEASES OR CONDITIONS, IF ANY, (B)	Kate	canons	2011	stowach	11 11
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO			15-		
(C)					
IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING DEATH.					
196. DATE OF OPERATION 196. MAJOR	FINDINGS OF OPERATION				20. AUTOPSY
0					YES NO
216. ACCIDENT WAS UNDERLYING 216. PL OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ACE (Home, farm, factory, RY straet, office bldg., etc.)	21c.	WHERE DID INJURY OC	CUR? (City or town) (C	County) (Stete)
21d. TIME OF INJURY (Month) (Day) (Year) [Ho	Our) 21a. INJURY OCCURR While Not w M. at work at wor	hile - >	, HOW DID INJURY OC	CUR?	
	·····	3/2	10.5 5.	2/27.50	
22. I hereby certify that I attended t		1	, 19 to		it I last saw the deceased
alive on 2	and that death of	curred at		causes and on the date st DRESS (Street, city, toyen, steps)	ated above.
BIGNATURE	5 /		1 //	DITESS (Smear, city, town, stale)	DATE SIGNED
aland J./	um	M.D.	Lalla	Jary ma	1/21/25
23, BURIAT, CREMATION, REMOVAL (SPECIFY)	NAME OF CE	METERY OR CR	EMATÖRY	LOCATION (City, town, or con	uitty) (State)
Burial 3-30-	155 Rven	rereen	Cemeterv	Berlin, Worce	ester Co. Md.
24. REC'D BY REGISTRAR REGISTRAR'S S		54.474	25. FUNERAL DIRECTOR	'S CIGNATURE	ADDRESS
DAT March 30, 195x March	of 2/11		man /7 54	evert Sulist	thursty St
MIE . NOVOW SO, 1733 MILANU	IV. oraclawa	14	THEVY U.J.	DIVICE DURING	when Hick

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EUREAU V. S.

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M. C. C.

1- -

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

3180

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03177

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	D
COUNTY WICCITIOO MARYLAND	STATE HARYLAND COUNTY TALE	TO
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporete limits, write RURAL end give nee	rest town)
OR and give neerest town) A TOWN SALISTITY (in this plece) A months	TOWN EASTON 5	.0
HOSPITAL OR	STREET (If rure) give location)	.0 - ,
DISTILLIZION OD	ADDRESS	
3/ STREET ADDRESS DIVIRIS HEAD STATE HOSPITAL	129 LOUIST STUENT	٧
3. NAME OF (First) (Middle) DECEASED	(Lesi) 4. DATE (Month)	(Dey) (Yeer)
(Type or Print) BERTHA ADEI IA RI	EDVIR DEATH 3	29 19 55
	OF BIRTH 9. AGE lest birthdey 1F UNDER	1 YEAR IF UNDER 24 HRS.
FEMALS WITE WIDOWED, DIVORCED, SPECIAL MATCHED 8	/18/1377 77 yrs. Months	Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT
reliard) TISTISTIFE INCOME	EASTON, MATYLAND	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
MILLARD FILLORI COBURN	MARY VIRGINIA BROWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, no, or unit) (If Yes, give wer or detes of service)	HOSPITAL RECORDS	
18. MEDICAL C	ERTIFICATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
4200 IMMEDIATE CAUSE (A) CORONARY TI	HROMBOSIS	15 Min.
DUE TO		
DISEASES OR CONDITIONS, IF ANY,	erotic heart disease	
GIVING RISE TO THE ABOVE CAUSE DUE TO		
1260X) (C)		
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH DISEASE OF CONDITION CAUSING DEATH	litus	30 yrs ?
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20, AUTOPSY?
(<i>)</i>	AL LUCY NEW HISTORY CONTINUE AND LOCAL PROPERTY OF THE PROPERT	YES NO A
216. ACCIDENT WAS UNDERLYING 216. PLACE (Home, form, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (If EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) {Court	nty) (State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?	
M. et work		
22. I hereby certify that I attended the deceased from NOV.	3, 19.54, to Mar a 29., 19.55, that I	last saw the deceased
alive on Mar 29, 19.55 and that death occurred	at. 5:45P.M, from the causes and on the date state	d above. 3/30/55
SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED
	Decr's Head State Hospital; Salis	sbury, Ed.
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DR CREMATORY LOCATION (City, lown, or county	r) (Stete)
BURIAL HOR. 1 1955 PRING HI	111 EMFTERY EASTON, 111	PRYLAND
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 4/1/55 Mary N. Holloway	W. Tramston, Coyol E	ASTON MO
1 13	/	

e T



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3182

CERTIFICATE OF DEATH

03179

			Reg. Dis	t. No
1. PLACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF DECEASE	D
COUNTY Wicomico	MARYLAND	state Maryland	COUNTY Ba	ltimore
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this plece)	OR	e Emits, write RURAL and give no	arest town)
/2 TOWN Salisbury	3 years	Town Catons		03-51
HOSPITAL OR INSTITUTION OR 7/ STREET ADDRESS Deer's Head Stat	te Hospital	STREET ADDRESS 73 Wi	(If rural give location, inters Avenue	i i
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Month)	(Day) (Year)
(Type or Print) JOHN	WESLEY SI	ATTH	DEATH 3	22 1955
5. SEX 6. COLOR OR 7. SINGLE, MA		F BIRTH 9.		R T YEAR JIF UNDER 24 HRS
Male Colored (Specify)	larried 6/3/	/1869	85 yrs. Months	Days Hours Min.
	KIND OF BUSINESS	11. BIRTHPLACE (State or foreign	country)	2. CITIZEN OF WHAT
done during most of working life, even if retired)	OR INDUSTRY	Cooksville, Md.	(Howard Co.)	COUNTRY? USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Joseph Smith		Fanny Fount	ain	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & ADI	DRESS	
(Yas, no, or write) (If Yas, give wer or dates of service)	217-12-3428	Hospital	Records	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAL	18. MEDICAL CER	TIFICATION		INTERVAL BETWEEN ONSET AND DEATH
		andi araganlan d	li conco	
1	erioscierovic c	cardiovascular d	Tzegze	5 yrs.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	ceriosclerosis,	general and cer	ebral	?
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH				
198. DATE OF OPERATION 198. MAJOR FINDING	GS OF OPERATION			20. AUTOPSY?
	ome, ferm, fectory, 2 it, office bldg., etc.)	TIC. WHERE DID INJURY OCCUR?	(City or town) (Cou	inty) (Stete)
V	Te. INJURY OCCURRED Vhile Not white twork at work	211, HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the de	ceased from Oct. 25.	19 51 to Mar	22 19 55 that i	l last saw the deceased
alive on 3/22 , 1955 , a	nd that death occurred at	2:55A.M. from the cau	ises and on the date stat	ed above 3/22/5
etowarine / 44 A	111 01	ADDRE Deer's Head Stat	SS (Street, city, town, state)	DATE SIGNED
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIS 3/26/55	NAME OF CEMETERY OR Western S	CREMATORY	Baltimore	y) (Stala)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATULE DATE 97-814-55 MANY 11	RE Jallan	25. FUNERAL DIRECTOR'S SIG	11 / 5 /	Drulol Hill Av
1 / Surger	B			to Mld

SE SEINEU

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg.	=0	3	7	01	
Reg.	Dist.	_			

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MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No 22

ANGESTS TO PRIME TO A PARTICULAR TO A PARTICUL			(L	CANADA DIC DI	740	mark the Colonia	******
I. PLACE OF DEATH:	1	2. USUAL RESIDENC	E (HOME) OF DI	CEASED:			
COUNTY icomico MA	ARYLAND	STATE : 1.	COUNTY	Comes	, L		
	NGTH OF STAY (in this place)	CITY (If outside con TOWN Princ	orporate limits wri	te RURAL		nearest	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural,	give locati	on)		
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Baby Boy	Spence	(Last)	4. DATE (NOTE OF DEATH		Day) 29	(Year)	
5. SEX: 6. COLOR OR 7. SINGLE, MARRIE WIDOWED, DIVO (Specify):	RCED,		AGE last birthda	Months		Hours	24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	OF BUSINESS OF TRY:	HI. BIRTHPLACE	(State or foreign	country):		IZEN OF UNTRY?	WHAT
13. FATHER'S NAME:		14. MOTHER'S MAID	EN NAME:				
arren Spence		aleli	n "c" rt				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	SECURITY No.:	17. INFORMANT & AI	DDRESS:				
	18. MEDICA	L CERTIFICATION				TERVAL BI	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)	i.t.v					hset and	DEATH
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING DEATH.		· · · · · · · · · · · · · · · · · · ·	111 19 11				
19s. DATE OF OPERATION: 19b. MAJOR FINDING OF					20	Yes :	
PRIMARY OF CONTRIBUTING OF Stree INJURY	ne, farm, factory, t, office bldg., etc.,			inty)		(State)	
21d. TiME (Month) (Day) (Year) (Hour) 21e. INJURY While at work □	Not while at work	2If, HOW DID IN	JURY OCCUR?				
22. I hereby cartify that I took charge of the r find that death resulted from: Natural cau SIGNATURE.	ses , Accid	lent 🔲 , Suicide 🗀	, Homicide [MEDICAL EXAM V MEDICAL EXA ANT MEDICAL E	Und INER MINER XAM.	etermir	DATE SIG	se 🔲 .
REMOVAL (Specify): 2.29-83- No	ne fort	1 24. FUNERAL DIRI	Frence	1	e, in	ADDRI	
REG. O dele li	mar	Lizzen -	1	elice	o lin	7	

VS. A15A - 5 - 53

4135307250

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important, Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MEXIMOCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3185 CERTIFICATE OF DEATH

03183

GE!	KIIFICAI	E OF DE	AIII R	eg. Dist. No
1. PLACE OF DEATH		2. USUAL RESI	PENCE (HOME) OF D	ECEASED
COUNTY Micorico	MARYLAND	STATE Marv	and county	Wico.ic
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (If outside o	orporete fimits, write RURAL e	
OR and give nearest town	(in this place)	OR TOWN	Salisbury	2
HOSPITAL OR	O WED!	STREET		ve location)
INSTITUTION OR		ADDRESS		
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Mor	
DECEASED (Type or Print)	,	, c _v	10.10	
A ALL AND ALL	ADDIED O DATE	"real Neb	DEATH 3	24 19 55
RACE WIDOWED,	DIVORCED,	OF BIRTH	9. AGE last birthdey	Months Days Hours Mu
To ale ! .hite (Specify)		. 10, 1888	66 yrs.	
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, ayan if	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
entired!	Own Home	Maryland		U.D.A.
13. FATHER'S NAME	O HILL LIVILLY	14. MOTHER'S MAIL		1 0.0.11.
TT 10 47 4 7 174	٦ _	122000	T	
15. WAS DECEASED EYER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	L. AIMSTEON	
(Yas, no, or unk.) (If Yas, give war or datas of servica)				
	1,(,,,)	Lighty.	u. luilor em	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	TH 18. MEDICAL CI	ERTIFICATION	-	ONSET AND DEATH
14 MANEDIATE CAUSE (A)	Lyd Love	1-221		
ANTECEDENT CAUSE(S) DUE TO 9	nura de	1 5/1	et 1	- > 11 Thy wat
DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE	rego co y good	al sinder	yen am	1 3/10Mh
STATING UNDERLYING CAUSE LAST. DUE TO	1 des la	and R.	cident.	1211- 47
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	-4-6.80 00-	seven or	- C- C CENTY	2 1000 163
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
198, DATE OF OPERATION 198, MAJOR FINDIN	IGS OF OPERATION			20. AUTOPSY?
25. ACCIDENT WAS INDEPLYING THE OIL DIAGE OF				YES NO
21a, ACCIDENT WAS UNDERLYING 21b, PLACE (I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Homa, farm, factory, eat, office bldg., atc.)	21c. WHERE DID INJURY O	CCUR? (City or town)	(County) (Stata)
	21a. INJURY OCCURRED While Not while 1777	21f. HOW DID INJURY O	CCUR?	
	al work at work			
22. I hereby certify that I attended the de	eceased from $10/2/$	53, 19,	3/24/55, 19	, that I last saw the decease
alive on 3/24/22, 19	and that death occurred			
BIGNATURE OF STATE	/	228 North	PIVISION ST	m, stata) DATE SIGNE
116, 9/20/62212	M.D.	Salisbury.	Md .	3/45/55
23 BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY C	R CREMATORY	LOCATION (City, tow	n, or county) (State)
	955 Wicomico M	em. Park	Salisbury	v Narylan
24. REC'D BY REGISTRAR REGISTRAR'S SIGNAT		25. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS
3/28/55 /1. 9	201.01	ורוני פיים	. To'm on Co	

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BULL IV. S.

SEET 88 AAM

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3201

CERTIFICATE OF DEATH

03183

Dr. Duan	Reg. Dist. No. 332
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY TICONICO MARYLAND	STATE Maryland county Vicomico
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate fimits, write RURAL and give nearast town)
OR and give neerest town) (In this place) (In this place)	OR TOWN Tiden
HOSPITAL OR	STREET (If rural give location)
ON STREET ADDRESS R.D. # 2	ADDRESS R.D. # 2
3. NAME OF (First) (Middle)	(Lost) 4. DATE (Month) (Day) (Year)
(Type or Print) GURNEY WASHINGTON	TOWNSEND DEATH MAR. 29 19 55
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, B. D. RACE WIDOWED, DIVORCED,	PATE OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
	uly 26, 1890 64 yrs. 8 3 Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BiRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY relired On Own Farm	Shad Point, Maryland COMMY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Elijah Townsend	Home Williams
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	IO. 17. INFORMANT & ADDRESS
(Yes, no, or unk.) (ff Yas, give war or dates of service)	Mrs. Josephine B. Townsend (Wife)
UBICAL IS MEDICAL	
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CERTIFICATION R. J. #2, Eden. Md. INTERVAL BETWEEN ONSE AND DEATH
4: IMMEDIATE CAUSE (A) Coruna	my acclusion /hr 2
ANTECEDENT CAUSE(S) DUE TO	20.
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	illeratio :
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING /) // /	- A
TO THE DEATH BUT NOT RELATED TO THE	makenita trace. (140/14/2) 2
DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	The state of the s
The state of the s	2D. AUTOPSY? YES NO X
718. ACCIDENT WAS UNDERLYING CIR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) [IF ETHER, NOTIFY MEDICAL EXAMINER]	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d, TIME OF INJURY (Month) (Dey) [Year] (Hour) 21s. INJURY OCCURRED White M. et work	211. HOW DID INJURY OCCUR?
	-26 1052 to 3-26 105 K that I last sour the decreed
22. I hereby certify that I attended the deceased from	and the deceased
alive on 5 19 5, and that death occurred	red at 5: 45 Am, from the causes and on the date stated above. ADDRESS (Street, city, town, state) DATE SIGNED
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	
REMOVAL (SPECIFY) APT.	(alara)
	nt Cemetery Shad PointMd. Near Solisbury Me
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	POLICOWAY & COMPANY SALISBURY MERYLAND
DATE 3/31/55 Mary In Holloway	FOLLOWAY & COMPANY SALISBURY MARYLAND

BONT/ILE &

"A MITTAR

77. CT

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

DATE

24 hours after death.

3187 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03185

			,			Reg.	Dist. No. 527
I. PLACE	OF DEATH			2. USUAL	RESIDENCE (H	OME) OF DECE	ASED A
					Track	-Mr	ear Vier
COUNTY	oulside corporate mils, w	10 01 10 A1	MARYLAND	STATE CITY (if	outside corporate limits	COUNTRA	asca
OR ar	d give nearest leven	7	in the place)	OR TOWN	OUTSIGHT CONDUCTOR INTERIOR	11 11	ve ildaran (owb)
12 TOWN	1-austi	My	1 bay		Smon!	NUC	7. X-
HOSPITAL	ON OR I	11/2/1-	And (STREET ADDRESS		(if rural give loc	etion)
82 STREET AL	DDRISS.	Maskell	al				
3. NAME			(Muddle)	(Last)	4.	DATE (Month)	(Dey) (Y
(Type or P		111 (7	Till		DEATH ///a	Ch 18 19
5 SEX	6. COLER OR	77. SINGLE, MAR	RIED, 8. T	DATE OF BIRTH	9. AGE		UNDER I YEAR JIF UNDE
Tenel	Willy IV	Spec 9/1	Trull B	1.0 9-18	76 684	10 YE. MO	nths Days Hours
10a USUAL O	GCUPATION (Give kind o	f work 105. k	IND OF BUSINESS	III. BILTHPLACE	State or feeign count	11 1	12. CITIZEN OF WI
done duri	g most of working life,	even if	OR INDUSTRY	Valera	Muria	mis	COUNTRY?
13. FATHER'S	DISME I		THE RESERVENCE	14. MOTHE	S MAIDEN/SKME	15	
	Charles	(Verale	11 -	MA	mice 2	Marti	
15 WAS DEC	EASED EVER IN U. S. AR	WED CORCES?	16. SOCIAL SECURITY N	17 (NE)	PRANT & ADDRESS	nous	4
(Yes, no, or un	1	_	IO. SOCIAL SECORITI	10.	71/-1//	1/PE	. ().
				1/14		10-11	ree o
I DISEASES C	R CONDITIONS DIRECTLY	Y LEADING TO DEATI	18. MEDICAL	CERTIFICATION	Hillian	V Hell	THE WERVAL BET
1 DISEASES C		/		CERTIFICATION	Julian Oman	V HCCC	
331%	IMMEDIATE CAUSE	(A)		CERTIFICATION	Ann Emon	VILLA Chase	
331X	IMMEDIATE CAUSE INTECEDENT CAUSE(S) CONDITIONS, IF ANY,	(A) DUE TO		CERTIFICATION TO	emon	v Well	
331 X	IMMEDIATE CAUSE	(A) DUE TO (B)		CERTIFICATION	emon	ville Lage	
3317 DISEASES OR GIVING RISE STATING UNI	IMMEDIATE CAUSE INTECEDENT CAUSE(S) CONDITIONS, IF ANY, TO THE ABOVE CAUSE EERLYING CAUSE LAST.	(A) DUE TO (B) DUE TO (C)		CERTIFICATION	emon	villes Lage	
DISEASES OR GIVING RISE STATING UNI	IMMEDIATE CAUSE INTECEDENT CAUSE(5) CONDITIONS, IF ANY, TO THE ABOVE CAUSE	(A) DUE TO (B) DUE TO (C) ONTRIBUTING		CERTIFICATION	Manne emon	williage	
DISEASES OR GIVING RISE STATING UNIT TO THE SIGN TO THE DEAD DISEASE OF	IMMEDIATE CAUSE INTECEDENT CAUSE(S) CONDITIONS, IF ANY, TO THE ABOVE CAUSE BELLYING CAUSE LAST. IIFICANT CONDITIONS CC TH BUT NOT RELATED TO	(A) DUE TO (B) DUE TO (C) ONTRIBUTING THE EATH.	Ton an	CERTIFICATION	Mann Snow	williage	ONSET AND
DISEASES OR GIVING RISE STATING UNI	IMMEDIATE CAUSE INTECEDENT CAUSE(S) CONDITIONS, IF ANY, TO THE ABOVE CAUSE BELLYING CAUSE LAST. IIFICANT CONDITIONS CC TH BUT NOT RELATED TO	(A) DUE TO (B) DUE TO (C) DUITRIBUTING	Ton an	CERTIFICATION	Mann emon	williage	20. AUTOS
DISEASES OR GIVING RISE STATING UNIT OTHER SIGN TO THE DEADISEASE OF 19e, DATE OF 21e. ACCIDENT	IMMEDIATE CAUSE INTECEDENT CAUSE[S] CONDITIONS, IF ANY, TO THE ABOVE CAUSE EERLYING CAUSE LAST. IIFICANT CONDITIONS CO TH BUT NOT RELATED TO CONDITION CAUSING DI OPERATION WAS UNDERLYING	(A) DUE TO (B) DUE TO (C) ONTRIBUTING THE EATH. 21b. PLACE (Ho	S OF OPERATION	al to	JURY OCCUR? (C 1y	or town)	ONSET AND
DISEASES OR GIVING RISE STATING UNIT OTHER SIGH TO THE DEADISEASE OF 196. DATE OF 216. ACCIDENT OR CONTRIBUT	IMMEDIATE CAUSE INTECEDENT CAUSE(5) CONDITIONS, IF ANY, TO THE ABOVE CAUSE BERLYING CAUSE LAST. IIIFICANT CONDITIONS CO TH BUT NOT RELATED TO CONDITION CAUSING DI OPERATION 95	(A) DUE TO (B) DUE TO (C) ONTRIBUTING THE EATH. 21b. PLACE (Ho	S OF OPERATION	al to	UURY OCCUR? (Ciy	or town)	20. AUTOF
DISEASES OR GIVING RISE STATING UNIT TO THE SIGN TO THE DEADISEASE OF 19e. DATE OF 21e. ACCIDENT OR CONTRIBUTION (IF EITHER, NO	IMMEDIATE CAUSE INTECEDENT CAUSE(S) CONDITIONS, IF ANY, TO THE ABOVE CAUSE SERLYING CAUSE LAST. IIFICANT CONDITIONS CC TH BUT NOT RELATED TO CONDITION CAUSING DI OPERATION WAS UNDERLYING NG CAUSE OF DEATH	(A) DUE TO (B) DUE TO (C) ONTRIBUTING THE EATH. 21b. PLACE (Ho OF INJURY street	S OF OPERATION me, farm, factory, , office bidg., etc.) e. INJURY OCCURRED	al to		or town)	20. AUTOF
DISEASES OR GIVING RISE STATING UNIT TO THE DEADISEASE OF 19e. DATE OF 216. ACCIDENT OR CONTRIBUT (IF EITHER, NO	IMMEDIATE CAUSE INTECEDENT CAUSE(S) CONDITIONS, IF ANY, TO THE ABOVE CAUSE BERLYING CAUSE LAST. IIIFICANT CONDITIONS CC TH BUT NOT RELATED TO CONDITION CAUSING DI OPERATION WAS UNDERLYING ING CAUSE OF DEATH IFY MEDICAL EXAMINER)	(A) DUE TO (B) DUE TO (C) DITRIBUTING THE EATH. 21b. PLACE (Ho OF INJURY street (Year) (Hour) 21	S OF OPERATION me, farm, factory, , office bldg., etc.)	21c. WHERE DID II		or town)	20. AUTOF
DISEASES OR GIVING RISE STATING UNIT TO THE SIGN TO THE DEADISEASE OF 19e. DAYE OF 21e. ACCIDENT OR CONTRIBUT (IF EITHER, NO) 21d. TIME OF	IMMEDIATE CAUSE INTECEDENT CAUSE(S) CONDITIONS, IF ANY, TO THE ABOVE CAUSE ERLYING CAUSE LAST. IIFICANT CONDITIONS CO TH BUT NOT RELATED TO CONDITION CAUSING DI OPERATION WAS UNDERLYING ING CAUSE OF DEATH IFY MEDICAL EXAMINER) NJURY (Month) (Dey)	(A) DUE TO (B) DUE TO (C) DNTR/BUTING THE EATH. 21b. PLACE (HO OF INJURY street (Year) (Hour) 21 M et	S OF OPERATION me, farm, factory, , office bldg., etc.) e. INJURY OCCURRED hile work et work	21c. WHERE DID II	UURY OCCUR?		20. AUTOR YES N (County) (State
DISEASES OR GIVING RISE STATING UNIT OTHER SIGN TO THE DEADISEASE OF 19e. DATE OF 21e. ACCIDENT OR CONTRIBUT (IF EITHER, NOT 21d. TIME OF 22. I here	IMMEDIATE CAUSE INTECEDENT CAUSE[S] CONDITIONS, IF ANY, TO THE ABOVE CAUSE EERLYING CAUSE LAST. IIFICANT CONDITIONS CO TH BUT NOT RELATED TO CONDITION CAUSING DI OPERATION WAS UNDERLYING WAS UNDERLYING ING CAUSE OF DEATH ING CAUSE OF DEA	(A) DUE TO (B) DUE TO (C) ONTRIBUTING THE EATH. 21b. PLACE (Ho OF INJURY street (Yeer) (Hour) 21 W m et	S OF OPERATION me, farm, factory, , office bldg., etc.) e. INJURY OCCURED hile work et work eased from	21c. WHERE DID IN	JURY OCCUR?	, 19.5.5	20. AUTOF YES N (County) (Sta
DISEASES OR GIVING RISE STATING UNIT OTHER SIGN TO THE DEADISEASE OF 19e. DAYE OF 21e. ACCIDENT OR CONTRIBUT (IF EITHER, NO) 21d. TIME OF	IMMEDIATE CAUSE INTECEDENT CAUSE[S] CONDITIONS, IF ANY, TO THE ABOVE CAUSE EERLYING CAUSE LAST. IIFCANT CONDITIONS CO TH BUT NOT RELATED TO CONDITION CAUSING DI OPERATION WAS UNDERLYING ING CAUSE OF DEATH IFY MEDICAL EXAMINER) NJURY [Month] (Dey) by certify that 1 in	(A) DUE TO (B) DUE TO (C) ONTRIBUTING THE EATH. 21b. PLACE (Ho OF INJURY street (Yeer) (Hour) 21 W m et	S OF OPERATION me, farm, factory, , office bldg., etc.) e. INJURY OCCURED hile work et work eased from	21c. WHERE DID II	to 3 - 8	, 19.5.5	20. AUTOR YES N (County) (Sia
DISEASES OR GIVING RISE STATING UNIVERSE OF TO THE DEADISEASE OF 19e. DATE OF 21e. ACCIDENT OR CONTRIBUT (IF EITHER, NO) 21d. TIME OF 22. I here alive of	IMMEDIATE CAUSE INTECEDENT CAUSE[S] CONDITIONS, IF ANY, TO THE ABOVE CAUSE EERLYING CAUSE LAST. IIFCANT CONDITIONS CO TH BUT NOT RELATED TO CONDITION CAUSING DI OPERATION WAS UNDERLYING ING CAUSE OF DEATH IFY MEDICAL EXAMINER) NJURY [Month] (Dey) by certify that 1 in	(A) DUE TO (B) DUE TO (C) ONTRIBUTING THE EATH. 21b. PLACE (Ho OF INJURY street (Yeer) (Hour) 21 W m et	S OF OPERATION me, farm, factory, office bldg., etc.) e. INJURY OCCURRED hile Not white eased from	216. WHERE DID IN 216. HOW DID IN 19.55	to 3 - 8	19.5.5 and on the date	20. AUTOR YES N (County) (Sia
DISEASES OR GIVING RISE STATING UNITED TO THE DEADISTASE OF 19e. DAYE OF 21e. ACCIDENT OR CONTRIBUT (IF EITHER, NO) 21d. TIME OF 23 BURGAN	IMMEDIATE CAUSE INTECEDENT CAUSE(S) CONDITIONS, IF ANY, TO THE ABOVE CAUSE ERLYING CAUSE LAST. IIFICANT CONDITIONS CO TH BUT NOT RELATED TO CONDITION CAUSING DI OPERATION WAS UNDERLYING ING CAUSE OF DEATH IFY MEDICAL EXAMINER) NJURY (Month) (Dey) TURE REMATION, DA CONTROL OF THE CAUSE TO	(A) DUE TO (B) DUE TO (C) ONTRIBUTING THE EATH. 21b. PLACE (Ho OF INJURY street (Yeer) (Hour) 21 W m et	S OF OPERATION me, farm, factory, office bldg., etc.) e. INJURY OCCURRED hile Not white eased from	216. WHERE DID IN 216. HOW DID IN 19.55	to 3 - 18 from the causes a ADDRESS (19.5.5 and on the date	20. AUTOFYES NO (County) (Stated above. Ite) DATE 8
DISEASES OR GIVING RISE STATING UNITED TO THE DEADISTASE OF 19e. DAYE OF 21e. ACCIDENT OR CONTRIBUT (IF EITHER, NO) 21d. TIME OF 23 BURGAN	IMMEDIATE CAUSE INTECEDENT CAUSE[S] CONDITIONS, IF ANY, TO THE ABOVE CAUSE EERLYING CAUSE LAST. IIFICANT CONDITIONS CO TH BUT NOT RELATED TO CONDITION CAUSING DI OPERATION WAS UNDERLYING WAS UNDERLYING WAS UNDERLYING INJURY [Month] (Day) TURE TURE	DUE TO (B) DUE TO (C) ONTRIBUTING OF INJURY street (Year) (Hour) 21 M et attended the dec	S OF OPERATION me, farm, factory, office bldg., etc.) e. INJURY OCCURRED hile Not white eased from	21c. WHEREDID II 21f. HOW DID III 17, 19.55 red at.5.30P.M.	to 3 - 18 from the causes a ADDRESS (and on the date Street, city, town, ste	20. AUTOFYES NO (County) (Stated above. Ite) DATE 8

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49

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 332

MILLIAN CIAR MARKET VICTOR OF CARRE	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED;
COUNTY WICOMICO MARYLAND	STATE DEL. COUNTY SUSSEX
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits write RURAL and give nearest town)
OR and give nearest town) (in this place)	mount Milder of I
HOSPITAL OR INSTITUTION OR STREET ADDRESS WILLIAMS ST.	STREET . (If rural, give location)
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) LUTHER V	EASEY DEATH 3 29 1955
6. SEX: RACE: WIDOWED, DIVORCED, (Specify): W//CONED	E OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. 1. 16. 1880 75 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): FARMER 10b. KIND OF BUSINESS O	R 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
UNKNOWN	UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:
No service) No None	dougnter: Mrs. Donaway, Wm. St.
	AL CERTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	Occlusion Occlusion
Immediate cause DUE TO	0 - 110 -
Antecedent cause(s)	indie (.V. Durane June
Diseases or conditions, if any, (b) giving rise to the above cause DUE TO	
stating underlying cause last (c)	
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes No.
21a. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 21b. PLACE (Home, farm, factory of street, office bldg., etc INJURY	
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. Work at work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I took charge of the remains descri	bed above, held an Autopsy [], Inspection [], Inquiry [], and
	dent [], Suicide [], Homicide [], Undetermined cause [].
SIGNATURE LA VENEZIO	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.
23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (SPECIAL): 3/3/55 BEAVERPAI	MY OR CHEMATORY LOCATION (City, town, or county) (State) METERY HADERSON, DELAWARE
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	124. FUNERAL DIRECTOR ADDRESS

normant, Balser

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR HINDING

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requires that the attending pletated for

¥e

The

FUNERAL DIRECTOR:

certificate

death

certificate

copy may

detached

the

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3202

CERTIFICATE OF DEATH

Reg. Dist. No... 2. USUAL RESIDENCE (HOME) OF DECEASED 1. PLACE OF DEATH Wicomico Wicomico Maryland COUNTY MARYLAND (If outside corporate limits, write RURAL (It outside corporete fimits, write RURAL and give necrest town) LENGTH OF STAY end give neerest lown) (in this place) TOWN Fruitland TOWN Most of life Pruitland HOSPITAL OR STREET (If rurel give location) ADDRESS INSTITUTION OR STREET ADDRESS At home - S. Division St. ext. S. Division St. (Middle) 4. DATE (Month) NAME OF (Lust) (Year) DECEASED (Type or Print) DEATH 3 Gladva Morris 19 55 Waples S. SEX SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE lest birthday IF UNDER 24 HRS 6. COLOR OR IF UNDER 1 YEAR RACE WIDOWED, DIVORCED, Months (Specify) Divorced Female 3-18-1916 38 yrs. 10e. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if OR INDUSTRY COUNTRY? Laborer Kid Factory Fruitland, Wicomico Co. Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sidney Morris Rachel Jane Allen 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS Yes, no or unkat-(ii) Yes, give war or dates of service) 219-07-6601 Mrs. Effie Pitts. Fruitland. INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 20. AUTOPSY 19b. MAJOR FINDINGS OF OPERATION YES 🗌 NO 216. ACCIDENT WAS UNDERLYING IT 21b. PLACE (Home, ferm, factory, OF INJURY street, office bidg., etc.) 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) OR CONTRIBUTING [7] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) 21e. INJURY OCCURRED 21. HOW DID INJURY OCCUR? (Yeer) (Hour) While et work 22. I hereby cartify that I attended the deceased from... that I last saw the deceased and that death occurred at ADDRESS (Street, city, Jahrn, stete) 1-55 10M LOCATION (City, town, or count) NAME OF CEMETERY OR CREMATOR BURIAL, CREMATION, (Stete) REMOVAL (SPECIFY) Burial 3-7-155 Mt. Calvary Cemetery Fruitland, Wicomico Co. Md.
GNATURE ADDRESS 24 ROC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE Stowart, 324 E. Church St. Salis Md.

Mary a

BUREAU V. S.

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed

burial transit permit.

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death certificate assembly should

1-55 10M

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been executed

certificate has

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executed

director,

require that the death NSTRUCTIONS ING PHYSICIAN OR HOSPITAL: The Liw require that copy may be relained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3203

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13 CEI	RTIFICATI	E OF DEATH Reg. Dist. No
,		2. USUAL RESIDENCE (HOME) OF DECEASED
M CCC	MARYLAND	STATE 1/24 My THAT COUNTY // L & BRELLEO CITY (If outside corporate limits, write RURAL and give nagrest fown)
Ul LL #7	(In this place)	TOWN Buret allery X
one - Uppe		STREET ADDRESS
in h	(Middle))	1 aleys DEATH March 26 19 53
7. SINGLE, MA WIDOWED, (Specify)	DIVORCED.	PF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
ol work 10b.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Steta or loraign country) Ollew, Wiscomics Co. Md. 12. CITIZEN OF WHAT COUNTRY? 21. SA.
4.1.4		14. MOTHER'S MAIDEN NAME
, Water	الم	Mary anne Brewnigton
or detex of service)	Tione	17. INFORMANT & ADDRESS This. Sarah & Waters Phila. P. RTIFICATION NEXT AND DEATH
LY LEADING TO DEA	TH 18. MEDICAL GER	a seu la l'accedent interval BETWEEN ONSET AND DEATH no au tr.
DUE TO	Corebral :	artonoscerosis years
C)		
O THE		
DEATH. 196. MAJOR FINDIN	G5 OF OPERATION	20, AUTOPSY?

11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH

19e. DATE OF OPERATION

21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH

1. PLACE OF DEATH

(If outside corporate limits, write RURAL

6. COLOR OR

RACE

10a, USUAL OCCUPATION (Give kind of work

Horm

done during most of working life, even il

15. WAS DECEASED EVERYIN U. S. ARMED FORC

I DISEASES OR CONDITIONS DIRECTLY LEADING

IMMEDIATE CAUSE

ANTECEDENT CAUSE(S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(If Yes, give wer or detex of se-

and give nearest town)

COUNTY

TOWN O

HOSPITAL OR INSTITUTION OF

NAME OF DECEASED

(Type or Print)

13. FATHER'S NAME

(Yes, no, or unk.)

STREET ADDRESS

OR.

21b. PLACE (Home, farm, lactory, OF INJURY street, office bids., etc.) 21c. WHERE DID INJURY OCCUR? (City or town)

(County)

YES | NO (State)

DATE SIGNED

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year)

21a. INJURY OCCURRED While

211, HOW DID INJURY OCCUR?

.19

attended the deceased from 22. I hereby certify that

Not while /et work

...... and that death occurred at

at work

ADDRESS (Street, city, town, state)

A from the causes and on the date stated above

BURIAL, CREMATION,

DATE THEREOF

M.D NAME OF CEMETERY OR CREMATORY

LOCATION (City, lown, or county)

(Slata)

REMOVAL (SPECIFY) 24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNE AL DIRECTOR'S SIGNATURE

ADDRESS



within all louns after lith.

NSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3189

CERTIFICATE OF DEATH

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			R	eg. Dist. No
1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF D	ECEASED
COUNTY Wicomico	MARYLAND	STATE Maryla	and county	
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY	CITY (II outside con	oorete limits, write RURAL e	nd give nearest town)
12 TOWN Salisbury	20 years	TOWN	Salisbury	
HOSPITAL OR	, 20 30020	STREET		re location)
INSTITUTION OR STREET ADDRESS TO A STREET ADDRESS	-1 T14-1	ADDRESS	AF F. 1 P.	
3. NAME OF ((res))	(Middle)	(Last)	105 East Road	
DECEASED	(minden)	(can)	OF	
		Waters	DEATH 3	- 9 - 1955
S. SEX 6. COLOR OR 7. SINGLE, MARR WIDOWED, DI	VORCED	OF BIRTH	9, AGE lest birthday	Months Days Hours I Min
Female (Specify) Mar	ried 5-	10-1898	56 yrs.	Months Days Hours Min.
done during most of working life, even if Ol	NDUSTRY	11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY?
	lic School	Bridgeville.	Sussex Co. De	USA USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Julian Hargis Dre	dden		Janie Phoebe	Cornich
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?	S. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS	2 401.412.611
(Yes, no, or unk.) (If Yes, give wer or detes of service)	None	Paul Water	s. 905 East	Rd. Salisbury, Md.
1 DISEASES OF CONDITIONS DIRECTLY LEADING TO DEATH	IS. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
& O KIMMEDIATE CAUSE (A) CONT	vierelax.	Vinter.		2 days
ANTECEDENT CAUSE(S) DUE TO	- 11-	10- 111	1	
DISEASES OR CONDITIONS, IF ANY, (B)	chrotes	nelly	112	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	teros o	Contra		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
196. DATE OF OPERATION_ 196. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?
				YES NO
216. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Hom OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	e, ferm, fectory, office bldg., etc.)	21c. WHERE DID INJURY OCCU	JR? (City or lown)	(County) (State)
Wh	INJURY OCCURRED Not white ork at work ,	21f. HOW DID INJURY OCC	UR?	
22. I hereby certify that I attended the dece	4/1/1/	19 SU 10 3/	9 10/5	, that I last saw the decease
		9.20 M, from the		
alive on 19 2 , and	inat death occurred a		causes and on the correct city, town	
I I mid F tru to l	// -	301 A/ 1		2 / 3/4/2
23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF	M. D.	CREMATORY CREMATORY	LOCATION (City, town	n, of county) (Stete)
Burial 3-13-155	Concord	Cemetery	Concord, S	
24. REO'D BY REGISTRAR REGISTRAR'S SIGNATURE	1	25. FUNERAL DIRECTOR'S		24 E. Church St
DATE March 14.1955 Mary 9	followous	Mary a. St	ewart Sail	Pisbury Mary YAM

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3204 CERTIFICATE OF DEATH

			2. USUAL RESID	ENCE (HOME) OF DECEASE	D
COUNTY Wic	omico	MARYLAND	STATE Mary		icomico
CITY (If outside corpora OR and give nearest I TOWN	lown) Pittsville	LENGTH OF STAY (in this place)	ÖR	operate limits, write RURAL and give ne SVILLE	erest fown}
HOSPITAL OR INSTITUTION OR STREET ADDRESS	in Village		STREET ADDRESS IN	(II rural give location)	1
3. NAME OF DECEASED (Type or Print)	(first) NNIE	(Middle)	(Lan) WATSON	4. DATE (Month) OF DEATH MERCH	(Dey) (Yeer) 2 ad 19 58
	. WiDO'	e, married, 8. date wed, divorced, with dowed Aug.	OF BIRTH 31, 1893	9. AGE lest birthdey IF UNDE Monits 6	R 1 YEAR IF UNDER 24
De. USUAL OCCUPATION (Cone during most of worked) House W	rking life, evan if	or industry At own Home	11. BIRTHPLACE (State or #	Maryland	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joseph Pa	reors		14. MOTHER'S MAID! Mary Park	N NAME	
15. WAS DECEASED EVER IN (You, no, or wnk.) (N You,	U, S. ARMED FORCES?		17. INFORMANT		nter)
I DISEASES OR CONDITION	AUSE (A)	DEATH 18. MEDICAL CI	extification Pitt	sville, Maryland	INTERVAL BETWEEN ONSET AND DEAT
DISEASES OR CONDITIONS, GIVING RISE TO THE ABOV STATING UNDERLYING CAL	IF ANY, (B) /E CAUSE USE LAST. DUE TO	Hypericuses	Ch.		
II OTHER SIGNIFICANT CONE TO THE DEATH BUT NOT R	ELATED TO THE	Sectetorne	titus		
DISTASE OR CONDITION C	19b, MAJOR FI	NDINGS OF OPERATION			YES NO 1
DISEASE OF CONDITION C		CE (Home, farm, fectory,	21c. WHERE DID INJURY OC	CUR? (City or town) (Cou	nty) (Stele)
	CLYING 216, PLAC OF DE ATH OF INJURY KAMINER)	street, office bldg_etc.]			The state of the s
190. DATE OF OPERATION 210. ACCIDENT WAS UNDER	XAMINER)	r) 21a. INJURY OCCURRED While Not while	21f. HOW DID INJURY OC	CUR7	
19. DATE OF OPERATION 21. ACCIDENT WAS UNDER OR CONTRIBUTING OR CONTRIBUTING LIFETTHER, NOTIFY MEDICAL E.	XAMINER) th) (Dey) (Year) (Hou M 7 that 1 attended th	r) 21s. INJURY OCCURRED While Not while et work et work et deceased from 2 5	1955, to 3	cur? 19. 5., that I e causes and on the date state DRESS (Street, city, town, stete)	last saw the decea

<u>ų</u> ...

3190 Item 1-MARYLAND STATE DEPARTMENT OF H	()3191 (EALTH—BALTIMORE, 18 Reg. Dist.
	CIFICATE OF DEATH No. 332
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Wicomico MARYLAND	STATEMARYLand county Wiconico
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) Salisbury (in this place)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Fruitland
HOSPITAL OR INSTITUTION OR Pen. Gen. Hospital	STREET (If rural, give location) / ADDRESS
3. NAME OF (First) (Middle) DECEASED: (Type or Print) OLIVER G. WI	(Last) 4. DATE (Month) (Day) (Year) OF DEATH MAR 29 th 19 55
RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. 18,1894 61 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer 10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Somerset Co. Maryland Eden. USA
13. FATHER'S NAME: John Willey	14. MOTHER'S MAIDEN NAME: Sarah Ella Knox
15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 (Yes, no, or unk.) (If Yes, give war or dates of Uak service)	T. INFORMANT & ADDRESS: Virgie Irs. Virgie Culver (Sister) Fruitland Maryl
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a)	L CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 3
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)	tite.
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes No
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF street, office bldg., etc., CAUSE OF DEATH.	21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work at work	
find that death resulted from: Natural causes E, Accidental SIGNATURE	ed above, held an Autopsy , Inspection , Inquiry , and ent [], Suicide [], Homicide [], Undetermined cause []. CHIEF MEDICAL EXAMINER DATE SIGNED DATE SIGNED M.D. ASSISTANT MEDICAL EXAM. Mar. 30 1955
BURIAL CREMATION, DATE THEREOF NAME OF CEMETERS BURIAL April 2,1955 Allea Cemeter	Allen, Maryland
BEG. 31-55 Nary W. Holloway	24. FUNERAL DIRECTOR ADDRESS HOLLOWAY & COMPANY SALISBURY MARYLAND
	Walter R. Holloway



3215

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE DEATH

		2100.00
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Wicomico MARYLAND	STATEMARYLAND COUNTY Wic-	omico
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Salisbury-Walston		
HOSPITAL OR INSTITUTION OR R.D. # 3	STREET (If rural, give location) ADDRESS R.D. # 3	7
3. NAME OF (First) (Middle) DECEASED: (Type or Print) IRA CLYDE	(Last) 4. DATE (Month) (Day)	(Year) th 19 55
Male RACE: WIDOWED, DIVORCED, (Specify): Married An	ATE OF BIRTH: 9. AGE last birthday: IF UNDER 1 YE	
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS work done during most of work life, INDUSTRY: even if retired): Carpenter House Construction		COUNTRY!
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
King W. Workman	Martha A. Brittingham	*
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	: 17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of	Mrs. Mildred Workman (Wife) h. D. #	S Soliabitry
I8. MEI	DICAL CERTIFICATION LETYLAND	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	I and of Brown	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) DUE TO	**************************************	***************************************
Antecedent cause(s)	/	3
Diseases or conditions, if any, (b) giving rise to the above cause DUE TO		**********************
stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	·	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION		20. AUTOPSY? Yes No
21a. EXTERNAL CAUSE WAS PRIMARY F or CONTRIBUTING OF street office bldg., CAUSE OF DEATH.	etc., Walston Switch Wron	(State)
2Id. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY 17 St. M. work at work	6/1. Self-glilled Rifle w	long
22. I hereby certify that I took charge of the remains des		
find that death resulted from: Natural causes [], A	ccident : Suicide : Homicide : Undetern	
SIGNATURE LA VIGINE	DEPUTY MEDICAL EXAMINER	DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMER REMOVAL (Specify): Burial Mar. 1955 Bethel Church	TERY OR CREMATORY LOCATION (City town, or cou	opty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 2-16-5-5 Mary 111 Ktal 15 may	HOLLOWAY & COMPANY SALISBURY	MARYLAND

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

Walter R. Holloway

DE VIESE SAL SE 1955 S. V. S. S. V. S. S. V. VAARUS

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

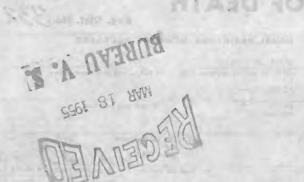
3191 CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY () COMICO MARYLAND	STATE mapuland county WiepmieD
CITY (If outside corporate limits, write RURAL LENGTH OF STA	AY CITY (it outside corporala limits, write RURAL and give nearest town)
OR and give nearest town) (in this place)	OR TOWN
Salisbung	TO PSKIN
HOSPITAL OR	STREET (If rurel give location)
INSTITUTION OR STREET ADDRESS O	ADDRESS
2 MENERAL	Hosphia 1507 87
3. NAME OF (First) (Middle)	(Last) (Day) (Yeer)
(Type or Print)	11) DEATH M - 1 /5" 155
	WRIGHT MAREN 1999
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. RACE WIDOWED, DIVORCED,	DATE OF BIRTH- 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
Spacify)	No. 20 15 1915 Yrs. Months Days Hours Min.
108. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS	110/12/10
done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ratirad)	manuland n.s.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
THE THINK I WILL	1. Months in the control of the cont
	Miprialit
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	NO. 17. INFORMANT & ADDRESS
(Yas, no, or unk.) (If Yas, give war or deles of service)	
0/	Ly Lo R 14 Wright 14 askin Ind. 13x8
18, MEDICA	AL CERTIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
776 X IMMEDIATE CAUSE (A) PREM	29URIYU
1101	
ANTECEDENT CAUSE(S) DUE TO	V
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	
198. DATE OF OPERATION	20. AUTOPSY?
The Date of Orekation	YES NO T
21- ACCIDENT WAS UNDERLYING TO 1 314 MACK (Upon 1	
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY straat, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED	
While Not while At work at work	
M, DOWN CO GINGS	
22. I hereby certify that I attended the deceased from	, 19, to, 19, that I last saw the deceased
	urred at
SIGNATURE S	ADDRESS (Streat, city, lown, stata) DATE SIGNED
m n n n n	and and and and
Monnall dembern	1.0. Camden Here Salesheerly Med. 3-16-5.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEME	TERY OR CREMATORY LOCATION (City, 19wn, or county) (Stata)
REMOVAL (SPECIFY) 3-16-55- D	a lend then VI I am
13 00 Jeninsu	dascreta Arymon Salisbury
24. REC'D BY REGISTRAR DEGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
3-16-53 MAXIIII XIXI 000	211 Pennenger of President The
DATE 1600 MILORY W. NOCKOM	y Janua suca minera Horpian
2035211990	
~ U U W W M M M M M M M M M M M M M M M M	

MALYLAND STATE DEPARTMENT OF HIM TH-SALTIMONT, IS

CERTIFICATE OF DEATH



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